

# SCHEMATIC ANATOMY

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# SCHEMATIC ANATOMY;

OR,

DIAGRAMS, TABLES AND NOTES  
TREATING OF THE ASSOCIATION AND SYSTEMATIC ARRANGEMENT OF  
STRUCTURAL DETAILS OF HUMAN ANATOMY.

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LONDON :

BAILLIÈRE, TINDALL, AND COX, 20, KING WILLIAM STREET, STRAND.

1882.



## PREFACE.

THIS series of Tables and Diagrams was originally devised by the Author for the use of Students in his own Classes at the University of Durham College of Medicine, to supplement his Lectures delivered during the Winter Session of 1880—1881 by supplying notes of greater accuracy on important details than might else have been collected by the Students themselves. The work, therefore, makes no pretension to being a complete descriptive Manual of Anatomy; to have made it so would have defeated the aim kept in view in its compilation, which is to afford, as its title expresses, a series of systematic and associated Schemata.

For a considerable period the Author has found the system here adopted of the utmost service, alike to the Teacher whilst demonstrating and to the Student whilst learning. By its aid the multitude of otherwise unassociated anatomical facts are docketed, as it were, and arranged for immediate use when required; and details, classified in their proper relation, are more readily retained in the memory. When fully worked out, it renders the omission of any one of the facts under consideration impossible, thus also tending to remedy the fault most frequently deplored by Examiners in Anatomy.

It is essential for the Reader to understand, that as the Tables and Diagrams cannot be used without reference to the full descriptions and representations given in the various Text-books of Anatomy, the former are in no way intended to take the place of the latter; still less are they intended to supplant the *only* method of obtaining a real knowledge of Anatomy, viz., actual work in the Dissecting-Room. They are meant rather to supplement those means of study. Their presumed value lies in the clearer knowledge to be obtained by comparing them with the dissected part: the Diagram is thus imprinted, as it were, upon the Region, and a more lasting mental impression is carried away by the observer. The facts to be noted are first displayed on the dead subject, and then fixed in the memory by means of the corresponding Schema or Diagram.

It is the disappointing experience of every Medical Student, in consequence of the enormous amount of material with which he is now obliged to overload his memory, that facts such as those with which Anatomy deals, being as they are isolated and independent, hung together by no uniting bond, and amenable apparently to no law, are speedily crowded out by fresh matter and forgotten, or, at the best, left before the mind as dim and blurred pictures, intermingled and confused. That there is often, however, some method of associating together such details—as, for example, by their analogies and dissimilarities, their points of agreement or antithesis—it is the object of the present volume to show. In it the design above indicated will be apparent, both in the Diagrams, where for a number of ideas one idea is generally substituted, and also in the Text, where common or opposite characteristics of facts or groups of facts are used for the purpose of classification.

In the present volume the Bones, Ligaments, Muscles, Vessels and Nerves only are treated of, since they were more especially dealt with by the Author last Winter. The remainder of the series he hopes to complete later on. Of the many shortcomings of the book as it is he is deeply conscious, especially in regard to the Diagrams, which, in order to ensure accuracy and to keep the price of the book within reasonable limits, have been for the most part home-drawn.

Whether any of the analogies or homologies hinted at (some of which certainly appear to be remarkable,) have a wider or deeper meaning, the Author cannot at present undertake to say; but believing that much more may be done in the same direction, and trusting that what has been done may perhaps prove of some little service to others, he has ventured to bring the subject forward, although it is by no means so fully worked out as he hopes it may in time become.

*University of Durham College of Medicine,  
October, 1881.*

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# ADDENDA.

## RADIAL AND POSTERIOR INTEROSSEOUS NERVES \* (terminal branches of Musculo-spiral Nerve).

- { Radial passes down outer side of Forearm in front under cover of the Supinator Longus.  
 { Post. Interosseous „ „ to back „ „ through the fibres „ „ Brevis.
- { Radial supplies *Skin* on outer side of back of Hand and dorsal aspect of  $3\frac{1}{2}$  outer Fingers.  
 { Post. Interosseous „ { *Muscles* of the whole „ „ „ Forearm, except those supplied by Musculo-spiral.  
 { Joints of Carpus by ganglionic terminal branches.

\* Omitted on page 180.

# ERRATA.

PAGE	LINE	
11	7	For "Supercilli" read "Supercilii."
12	15	For "Sterno-mastoid" read "Mastoid."
19	4	For "Frontal" read "Frontal with Nasal."
27	13	Insert a comma between "behind" and "Triceps."
36	2	For "in childhood" read "after childhood."
41	13	After "External Lateral Ligament" add "Ankle."
41	20	For "upper and outer" read "upper and inner."
44	5	For "each transverse process" read "transverse processes."
45	15	For "2nd to 3rd" read "23rd."
56	15	For "Trapezoid" read "Trapezium."
59	7	For "3rd Lumbar V." read "5th."
71, 72	Title	For "Temporo-maxillary" read "Pterygo-maxillary."
83	9	After "Semispinalis" add "Colli."
91	2	For " $\frac{2}{3}$ " read " $\frac{1}{3}$ " in each case.
101	6	For insertion of "Adductor Magnus" see <i>Diagram of Femur</i> .
104	13, 14	Transpose "first" and "last."
106		Transpose insertions of "Abductor" and "Adductor Pollicis."

PAGE	LINE	
109	16, 18	For "Biceps" read "Triceps."
129	8	For "Sup. Ext. Artic. Art." read "Sup. Artic. Arts."
176,	last line,	For "Thyro-hyoid" read "Sterno-hyoid."
178	24	For "Suprascapular" read "Suprascapular."

## Plates.

Base of Skull, For "e Palatine Foramina" read "d and d' Palatine Foramina.  
 Muscles of Hand, opp. p. 99, Transpose numbers "14" and "16" in Plate.  
 Psoas Magnus, etc., Read "3 — " lower " " "  
 Muscles in relation with Neck of Femur, Transpose "a" and "b" in Plate.  
 " " 2—"Semitendinosus." " " For "2—Semimembranosus" read  
 Section at middle third of Leg, opp. p. 105, Transpose "5" and "6."



BONES.



**BODIES.**

Structure	Like that of short bones,—Cancelli increase in size from above downwards.
Size	Increases from above down.
Form.	<p>{ <i>Cervical</i>,—quadrilateral, broadened transversely, as line of centre of gravity falls within them.</p> <p>{ <i>Lumbar</i>,—oval, " transversely, " " " within "</p> <p>{ <i>Dorsal</i>,—heart-shaped, " antero-posteriorly, " " " in front of them.</p>
Surfaces.	<p>{ <b>Upper.</b> { <i>Cervical</i>,—bevelled in front, lipped at sides and behind, to limit movement.</p> <p>{ <i>Lumbar</i>,—slightly concave opposite centre of Intervertebral Disc, to allow free movement.</p> <p>{ <i>Dorsal</i>,—flattened, movement being very limited.</p>
	<p>{ <b>Lower.</b> { <i>Cervical</i>,—obverse of upper.</p> <p>{ <i>Lumbar</i>,—similar to "</p> <p>{ <i>Dorsal</i>,— " " "</p>
	<p>{ <b>Lateral.</b> { <i>Cervical</i>,—flat.</p> <p>{ <i>Lumbar</i>,—much constricted.</p> <p>{ <i>Dorsal</i>,—slightly "</p>
	<p>{ <b>Anterior and Posterior.</b> { <i>Cervical</i>,—of equal depth, curve being formed by Intervertebral Discs.</p> <p>{ <i>Lumbar</i>,—anterior deeper than posterior, " " Bodies and Intervertebral Discs.</p> <p>{ <i>Dorsal</i>,—posterior deeper than anterior, " " Bodies chiefly.</p>
	<p>In the cervical the anterior surfaces are at a lower level than the posterior.</p> <p>In the dorsal and lumbar they are at the same level.</p>
Special Points.	<p>{ <i>Cervical</i>,—side of Body bears anterior root of Transverse Process.</p> <p>{ <i>Lumbar</i>,—" " continued into margin of " "</p> <p>{ <i>Dorsal</i>,—" " bears facet for Rib.</p> <p>In all there are foramina for vessels on lateral and posterior surfaces.</p>

**PEDICLES.**

	Increase in size from above downwards.
	<i>Cervical</i> ,—run backwards and outwards, placed between roots of Transverse Processes.
	<i>Lumbar</i> ,—" " directly, and carry Transverse Processes.
	<i>Dorsal</i> ,—" " " lowest three bear facets for Ribs.

<b>LAMINÆ.</b>	{ <i>Cervical</i> ,—thin, narrow, slender, not imbricated, to permit movement. <i>Lumbar</i> ,—short, broad, strong, " " " " " " <i>Dorsal</i> , — " " " " imbricated, " " " " to protect spinal cord.
<b>SPINOUS PRO- CESSES.</b>	{ <i>Cervical</i> ,— bifid for muscular attachment, short and horizontal to permit movement. <i>Lumbar</i> ,—tubercular " " " " quadrilateral, horizontal " " " <i>Dorsal</i> , — " " " " ligamentous " " " " prismoid, directed downwards and backwards to prevent movement.
<b>TRANSVERSE PROCESSES.</b>	{ <i>Cervical</i> ,—situated between Intervertebral Foramina, in front of Articular Processes. <i>Lumbar</i> ,— " " behind " " " " " <i>Dorsal</i> , — " " behind " " " " " <i>Cervical</i> ,—short and slight, with 2 roots, bifid extremity, directed outwards, forwards and downwards. <i>Lumbar</i> ,—long and slender, with 1 root,* bearing 2 tubercles, " " " <i>Dorsal</i> , — " " strong, " " † clubbed extremity, " " " " backwards and upwards.
<b>ARTICULAR PRO- CESSES (Sup.)</b>	{ <i>Cervical</i> ,—oval, flat, looking backwards and upwards, to permit flexion and extension. <i>Lumbar</i> ,— " " concave " " " " inwards, " " " " <i>Dorsal</i> , — " " flat, " " " " outwards, " " " " rotation. " " The Inferior Processes are obverse of Superior, in the Lumbar region they are closer together than Superior.
<b>SPINAL FORA- MEN.</b>	{ <i>Cervical</i> ,—large, triangular, to allow free movement without injury to cord. <i>Lumbar</i> ,—medium-sized, " " " " " " " <i>Dorsal</i> , —small round, movement being limited.
<b>INTERVERTE- BRAL FORAMEN.</b>	{ <i>Cervical</i> ,—formed chiefly by Pedicle of lower of the two Vertebrae which bound the Foramen. <i>Lumbar</i> ,— " " " " " " " " " " " <i>Dorsal</i> , — " " " " " " " " " " "

\* Corresponding to anterior root of cervical Transverse Process.

† " " posterior " " " "

**DORSAL.**

<b>Atlas</b>	{	Anterior Arch	{	Anterior surface,—tubercle for Longus Colli.	
			{	Posterior „ —facet „ Odontoid Process.	
		Posterior „	{	Posterior „ —tubercle „ Rectus Capitis Posticus Minor.	
			{	Upper „ —groove „ Vertebral Artery and 1st Cervical Nerve, close to Lateral Mass,	
		Lateral Mass	{	Inner edge —tubercle for Transverse Ligament.	
			{	Outer side —Transverse Process.	
				The mass itself is wedge-shaped, base outwards, and is situated nearer front than back of the bone, hence	
			{	Upper surface —looks upwards, backwards, inwards ; is oval, and deeply concave.	
			{	Under „ — „ downwards „ „ „ circular, and flattened.	
<b>Axis</b>	{	Under Surface		similar to typical Cervical Vertebra.	
		Upper „	{	Body is prolonged upwards as Odontoid Process.	
			{	Articular facet (sup.) { supported on lateral part of Body, Pedicle and root of Transverse Process.	
				circular and flattened, looking upwards, forwards and outwards.	
				on Lamina behind Articular facet, is the Superior Intervertebral Groove.	
		Special Points	{	Body.—Ridge on front for Longus Colli.	
			{	Pedicles.—Laminae and Spinous Process are broad and strong.	
		Odontoid Process	{	above, pointed for Check Ligament.	
			{	below, constricted for Transverse Ligament.	
			{	in front bearing facet for Atlas.	
			{	behind „ „ Transverse Ligament.	
7th Cervical	Spinous Process			long, thick, not bifid, horizontal.	
1st „	Transverse „			„ large „ perforated by Vertebral Foramen.	
2nd „	„ „			short, small „ „ „ „	
7th „	„ „			long, large „ „ „ „ sometimes.	
9th	presents demi-facet for Rib on			Body above, none below.	
10th	„ whole „ „			Pedicle chiefly.	
11th	„ „ „ „			„ „ no facet on Transverse Process.	
12th	„ „ „ „			„ „ „ „ „ „ Inf. Articular Process like Lumbar.	
1st	„ „ „ „			Body above, demi-facet below : Body like Cervical.	

**LUMBAR.**

- 4th Transverse Process directed upwards as well as outwards.
- 5th { Body " " much thicker in front than behind.  
Spinous Process small.  
Inferior Articular Processes more widely separated than Superior.

**SACRUM.**

- Anterior Surface { in centre —5 Bodies coalesced, separated by ridges.  
laterally —5 Anterior Transverse Processes coalesced, separated by grooves.  
intermediately —5 Pedicles distinct, separated by Anterior Sacral Foramina.
- Posterior " { in mid-line —3 Spines 1st distinct, 2nd and 3rd united, 4th and 5th deficient.  
external to Spines —3 Laminae 1st " 2nd " 3rd " 4th " 5th  
" " Laminae —5 Articular Processes 1st " 2nd " 3rd tubercular, 4th and 5th form [Cornua.  
" " " " Artie. Process —4½ Post.-Sacral Foramina  
" " Foramina —5 Post.-Transverse Processes 1st attaching Ilio-lumbar Ligament, 2nd and 3rd Sacro-  
iliae Ligaments, 4th and 5th Sacro-sciatic Ligaments.
- Lateral " { upper end —formed by 1st piece rough for Ilio-lumbar Ligament.  
Auricular Surface — " 2nd & 3rd pieces smooth for articulation with Ilium.  
lower part — " 4th & 5th " sharp for Sacro-sciatic Ligaments.
- Muscles on Anterior Surface { Pyriformis on Posterior Surface { Erector Spinae.  
Coccygeus Gluteus Maximus.

Note that the parts of the 1st piece are distinct, that those of the 2nd are associated with those of the 3rd, and those of the 4th with those of the 5th.

**COCCYX.**

- 1st Piece { Rudimentary Body.  
Articular Processes (Cornua) behind, joining Cornua of Sacrum to complete 5th Posterior Sacral Foramen.  
Transverse " at side, " 5th Sacral Transverse Processes " 5th Anterior " "

2nd, 3rd and 4th Pieces are blended, separated by ridges on back and front.

- Muscles on Anterior Surface { Levator Ani on Posterior Surface { Sphincter Ani.  
Coccygeus Gluteus Maximus.

# OCCIPITAL BONE.

9

Consists of four parts, each having two surfaces, and presents four borders and four angles.

Occipital Part (single)	{	External Surface	{	at about centre from Protuberance to Foramen Magnum " " Lateral Angle " Crest (mid-point) parallel to Superior Line	External Occipital Protuberance. " " Crest. Superior Curved Line. Inferior " "
		Internal "	{	at about centre from Protuberance to Foramen Magnum " " Lateral Angle " " Superior "	Internal Occipital Protuberance. " " Crest. Groove for Lateral Sinus. " Superior Longitudinal Sinus.
Condylloid " (double)	{	External "	{	Condyle nearer front than back of Foramen Magnum to inner side of Condyle " outer " " in front of " " at back of " "	Tubercle for Check Ligaments. Jugular Process for Rectus Lateralis. Ant. Condylloid Foramen for 9th Nerve. Post. " " for Emissary Vein.
		Internal "	{	on upper surface of Jugular Process in front " " to inner side " " on outer side of Foramen Magnum	Groove for Lateral Sinus. Jugular Notch. Posterior Condylloid Foramen. Anterior " "
Basilar " (single)	{	External "	{	at mid-point in mid-line	Pharyngeal Spine. Basilar Crest.
		Internal "	{	" " on lateral margin	Groove for Medulla Oblongata. " Inferior Petrosal Sinus.

Occipital Bone—*continued*.

## Muscles attached.

To Sup. Curved Line	{	To inner third or half	Trapezius,	covering back of Neck.
		„ outer „	Occipito-Frontalis,	„ „ Head.
		„ „ end above „	Sterno-mastoid,	passing to mid-line in front (Sternum).
		„ „ „ below	Splenius	„ „ behind (Spine).
Between Curved Lines	{	„ inner side	Complexus	the chief extensor of the Head.
		„ outer „	Superior Oblique	„ rotator „ „
On Basilar Process	{	next to mid-line	Rectus Capitis Anticus <i>Major</i> .	
	{	externally and behind	„ „ „ <i>Minor</i> .	
On Jugular Process			Rectus Capitis Lateralis.	
To Inf. Curved Line	{	externally	Rectus Capitis Posticus <i>Major</i> .	
		next to mid-line	„ „ „ <i>Minor</i> .	

## Articulations.

By Superior Borders with Parietals,—by Inferior Borders with Temporals,—by Inferior Angle with Sphenoid.

Note correspondence of points on the External and Internal Surfaces of the Occipital Part and their symmetry on each of the Parts.

## PARIETAL BONE.

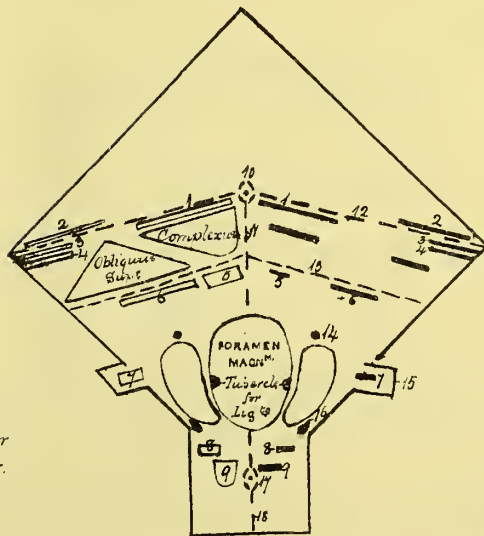
On outer Surface	{ Parietal Eminence. Temporal Ridge.	on inner Surface	{ Depressions for Convolutions and Pacchionian Bodies. Grooves for Arteries of Dura Mater.
Borders.	{ <i>Anterior</i> (for Frontal) bevelled externally above, internally below.		
	{ <i>Inferior</i> „ { Sphenoid) „ „ in front, „ behind		
	{ <i>Superior</i> („ opposite Parietal) and <i>Posterior</i> (for Occipital) dentated, not bevelled.		
Angles.	{ <i>Anterior-superior</i> , a right angle }		
	{ <i>Posterior</i> „ an obtuse „ }		
	{ <i>Anterior-inferior</i> , an acute „ „ „ „ }		
	{ <i>Posterior</i> „ a truncated „ „ „ „ }		
			Middle Meningeal Artery.
			Lateral Sinus.

## OCCIPITAL BONE.

- 1. Trapezius
- 2. Occipito-frontalis
- 3. Sterno-mastoid
- 4. Splenius Capitis

- 5. Rectus Cap. Post. Minor
- 6. Rectus Cap. Post. Major
- 7. Rectus Lateralis

- 8. Rectus Cap. Ant. Minor
- 9. Rectus Cap. Ant. Major

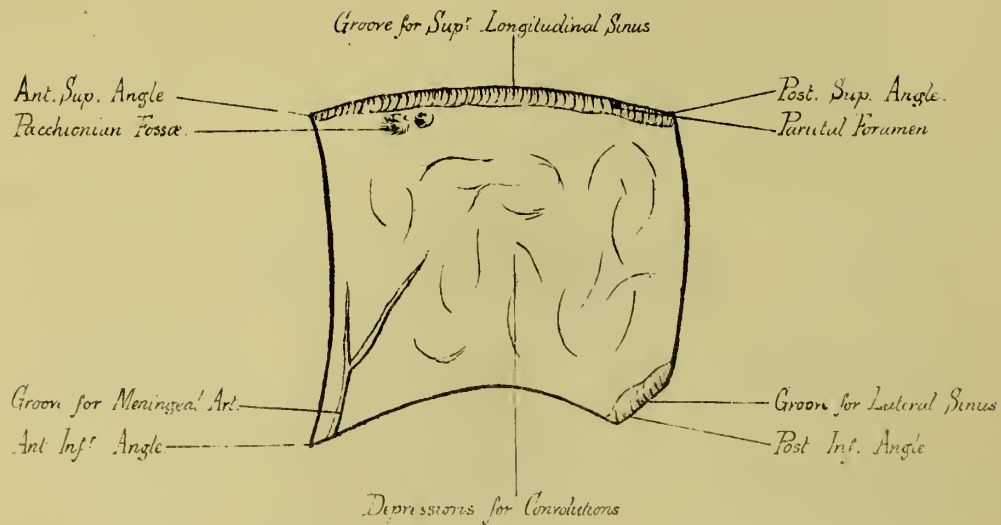


- 10. Ext. Occipital Protuberance
- 11. Occipital Crest
- 12. Sup<sup>r</sup> Curved Line
- 13. Inf<sup>r</sup> Curved Line

- 14. Post. Condyloid Foramen
- 15. Jugular Process
- 16. Ant. Condyloid Foramen

Pharyngeal Spine  
Basilar Crest.

## PARIETAL BONE.



# FRONTAL BONE.

11

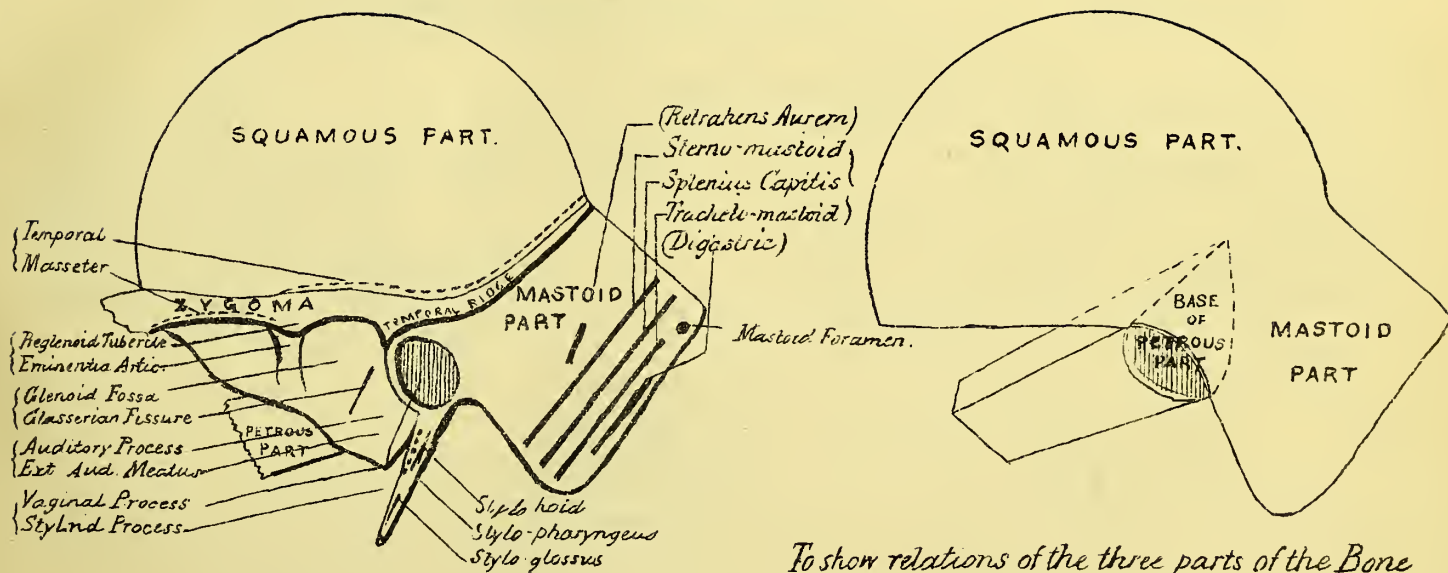
VERTICAL PORTION	Outer surface	4 Eminences	{ Frontal Eminence } and { Supra-orbital Arch.
		2 Processes	{ Superciliary Ridge } { Temporal Ridge.
		2 Foramina, for	{ External Angular, at outer end of Supra-orbital Arch.
			{ Internal " inner " " " }
	4 Muscular attachments	{ Supra-orbital Artery and Nerve on " "	
		{ Frontal Vein from Diploe " " "	
		4 Muscular attachments	{ Corrugator Supercilli, } Temporal.
			{ Orbicularis Palpebrarum } Occipito-frontalis.
	Inner "	2 Depressions	{ Groove for Superior Longitudinal Sinus in mid-line above.
			{ Foramen Cæcum " below.
		2 Prominences	{ Frontal Crest " above Foramen Cæcum.
			{ " Spine " below " "
		Markings for	{ Arteries of Dura Mater.
			{ Convulsions of Brain and Pacchionian Bodies.
HORIZONTAL PORTION	Under "	2 Depressions for	{ Lachrymal Gland, externally.
			{ Pulley of Superior Oblique, internally.
	Upper "	Markings for	{ Convulsions. .
			{ Vessels.
	Edge of Ethmoidal Notch	4 Depressions	{ Opening of Frontal Sinus.
			{ Anterior Ethmoidal Canal, for Anterior Ethmoidal Artery and Nasal Nerve.
			{ Posterior " " Posterior " "
Articulations.			
Vertical Portion with Parietal	Orbital Plate with	{ Malar on outer side } and { Nasal on inner side.	
		{ Sphenoid " " }	{ Superior Maxillary " "
			{ Lachrymal " "
			{ Ethmoid " "

## TEMPORAL BONE.

SQUAMOUS PART	{	Surfaces	{	External	Temporal Ridge	and Zygomatic Process.							
			{	Internal	Grooves for Convolution	„ Meningeal Artery.							
			{	Inferior	{ Eminentia Articularis Glenoid Fossa	„ Tubercle for Ligament. „ Glaserian Fissure.							
		Borders	{	Superior, Anterior,	bevelled internally	for Parietal.							
	„ „		„ „	above and externally below for Sphenoid.									
Articulations	{	by Superior Border „ Anterior „	with Parietal „ Sphenoid	by Glenoid Fossa with Inferior Maxilla. „ Zygoma „ Malar.									
MASTOID PART	{	Surfaces	{	Outer	{	Surface mark above for	Retrahens Aures passing to Ear.						
					{	Groove below	„ Digastric	„ Larynx.					
					{	Surface intermediately „	{	Sterno-mastoid „ mid-line in front.					
							{	Splenius „ „ behind.					
		Borders	{	Inner	{	Groove for Orifice of		Lateral Sinus.					
											Sterno-mastoid Foramen.		
		Articulations	{	by Superior Border with Parietal Bone.									
			{	„ Posterior „ „ Occipital „									

# TEMPORAL BONE.

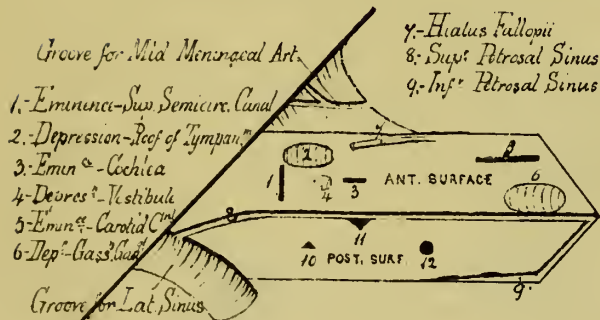
## EXTERNAL ASPECT.



To show relations of the three parts of the Bone

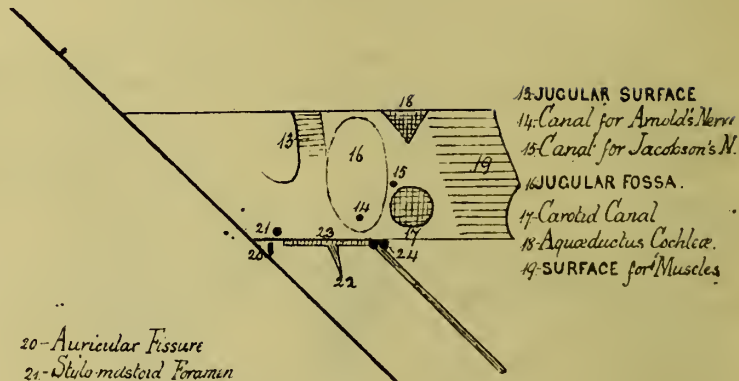
# PETROUS PART OF TEMPORAL BONE.

## UPPER SURFACES.



- 10- Aquæductus Vestibuli
- 11- Volei for Vasa Muter.
- 12- Int. Auditory Meatus

## LOWER SURFACE.



- 13- JUGULAR SURFACE
- 14- Canal for Arnold's Nerve
- 15- Canal for Jacobson's N.
- 16- JUGULAR FOSSA.
- 17- Carotid Canal
- 18- Aquæductus Cochleæ.
- 19- SURFACE for Muscles
- 20- Auricular Fissure
- 21- Stylo-mastoid Foramen
- 22- Styloid Process
- 23- Vaginal Process.
- 24- Trastachan Tissue } Double Canal
- Tensor Tympani M.

# Temporal Bone--continued.

13

## PETROUS PART

Surfaces	Base	pierced by	External Auditory Meatus.
	Apex	" "	Carotid Canal.
	Posterior (3 points)	on same level	{ Aqueductus Vestibuli for Vein from Vestibule.
		above intermediately	{ Internal Auditory Meatus for { 7th Nerve. Auditory Art. Notch for attachment of Dura Mater.
	Anterior (6 points) { 3 Depressions (D) & { 3 Elevations (E).	externally and behind, Roof of Tympanum (D), with Ridge for Sup. Semicirc. Canal (E) int. to it.	
		in front of Sup. Canal, " Vestibule (D), " Cochlea (E) anterior to it.	
		int. and in front, Fossa for Gasserian Ganglion (D) with Roof of Carotid Canal (E) ext. to it.	
	Inferior (12 points)	near apex, <i>quadrilateral surface</i> , rough for	Tensor Tympani and Levator Palati.
		" base, " " smooth	(Jugular Surface) for Artic. with Occipital.
		intermediately, <i>oval depression</i> , large "	(Jugular Fossa) for Lateral Sinus, etc.
		in front of Jugular Fossa, <i>two canals</i>	{ Carotid Canal for Carotid Artery. { Aqueductus Cochleæ for Vein from Cochlea.
		within " " "	{ for Jacobson's Nerve on ant. border of Fossa. { " Arnold's " at outer side "
		near anterior end of outer border a <i>double orifice</i>	{ Canal for Eustachian Tube. { " Tensor Tympani.
		" posterior " " <i>two orifices</i>	{ Stylo-mastoid Foramen for Facial Nerve. { Auricular Fissure " Arnold's "
		along mid-part " " <i>two processes</i>	{ Styloid Process. { Vaginal "
Borders		<i>Superior</i> presents	Groove for Superior Petrosal Sinus.
		<i>Posterior</i> "	$\frac{1}{2}$ " Inferior " " [Suture.
		<i>Anterior</i> "	Hiatus Fallopii internal to Squamo-petrosal
Articulations		{ by <i>Posterior Border</i> with	Occipital Bone.
		{ " <i>Anterior</i> " "	Sphenoid "

## SPHENOID BONE.

## BODY

Cuboidal in form, presenting six Surfaces :—

Superior Surface	<i>Anterior Part</i> (quadrilateral plate)	<i>Two</i> Depressions and <i>One</i> Eminence				{ Groove for Olfactory Nerve. " " Optic " " " Olivary " Eminence.
	<i>Middle Part</i> (deep depression)	"	"	"	"	{ Sella Turcica. Groove for Cavernous Sinus. Middle Clinoid Process.
	<i>Posterior Part</i> (quadrilateral plate)	"	"	"	"	{ Notch for Sixth Nerve. Groove for Pons Varolii. Posterior Clinoid Process.
Anterior "		<i>One</i> Depression and <i>Two</i> Eminences				{ Ethmoidal Spine. Lamella for Vertical Plate of Ethmoid. Opening of Sphenoidal Sinus.
Inferior "		"	"	"	"	{ Rostrum. Vaginal Process. Pterygo-palatine Canal.
Posterior "	Conjoined with					Basilar Process of Occipital Bone.
Lateral "	Prolonged into					{ Lesser Wing above and in front. Greater " below " behind.

GREATER WINGS First run *horizontally* outwards, then curve *upwards*, forwards and outwards.

Horizontal Portion	{ <i>Sup. (Cerebral) Surface</i> { <i>Inf. (Zygomatic) " " " " " "</i>	} Four Foramina and Two Processes	<i>Pterygoid Process.</i>
			<i>Spinous " " for</i> { <i>Laxator Tympani.</i> <i>Int. Lateral Ligament.</i>
			Foramen Rotundum for Sup. Maxillary Nerve " Ovale " Inf. " Spinosum " Great Meningeal Art. " Vesalii " Emissary Vein.

# Sphenoid Bone—continued.

15

Vertical Portion { *Posterior Surface* (Cerebral)  
*External Surface* (Temporal) *one* Eminence and *two* Surfaces  
*Internal Surface* (Orbital) " " " Depressions

Grooves for Convolutions and Vessels.

{ Pterygoid Ridge.  
 Surface for Temporal Muscle above Ridge.  
 " Ext. Pterygoid " below "  
 { Ext. Orbital Foramina for small vessels.  
 Notch for branch of Lachrymal Art. } on post.  
 Spine " outer head of Ext. Rectus } edge.

LESSER WINGS connected with the Body by two Roots, having two Surfaces, superior and inferior,  
 and presenting two Eminences and one Depression

{ Anterior Clinoid Process, behind.  
 Tubercle for Orbital Muscles, on lower Root.  
 Optic Foramen between Roots.

## PTERYGOID PROCESS

Formed by two Plates { united together by *anterior* margins to form posterior wall of  
 separated *behind* to form  
 perforated at *base* by  
 split apart at *extremities* by notch for

Spheno-maxillary Fossa.  
 Pterygoid Fossa.  
 Vidian Canal.  
 Tuberosity of Palate Bone.

External Plate broad, directed backwards and outwards, attaching

{ External Pterygoid on outer surface.  
 Internal " " inner "

Internal " narrow, " " { attaching  
 presenting

{ Tensor Palati " outer "  
 Sup. Constrictor " posterior border.

{ Scaphoid Fossa at base.  
 Hamular Process " extremity.

Anterior Surface of Body { articulates with three Orbital Plates  
 is in relation with six Foramina

{ Orbital Plate of Frontal by upper edge.  
 " Process " Ethmoid " lateral "  
 " " " Palate below.  
 (The Vertical Plate of Ethmoid articulating in mid-line.)

[each side.  
 { Opening of Sphenoidal Sinus centrally on  
 Optic Foramen } circum-  
 Foramen Lacerum Anterior } feren-  
 " Rotundum } tially  
 Ant. end of Vidian Canal } on each  
 " Pterygo-palatine Canal } side.

## SUPERIOR MAXILLA.

## SURFACES (4)

Superior (Orbital)	presents <i>one</i> Elevation and <i>one</i> Depression	{ Infraorbital Canal along mid-line. { Lachrymal Tubercle on anterior border.
Posterior (Zygomatic)	" " " <i>two</i> Depressions	{ { Posterior Dental Canal at mid-point. { Half of Posterior Palatine Canal on posterior border. Tuberosity of Superior Maxilla at posterior inferior angle.
Anterior (Facial)	" " " <i>three</i> "	{ { Incisive Fossa. { Canine " { Opening of Infraorbital Canal. Canine Eminence.
Internal (Nasal)	" " " <i>four</i> "	{ { Opening of Antrum, centrally. { Portion of Ethmoidal Cells, along upper edge. { Lachrymal Groove near anterior border above. { Maxillary Fissure " posterior " below. Inferior Turbinated Crest.

## PROCESSES (4)

Alveolar	forming <i>lower</i> margin of Body	for Teeth.
Malar	situated <i>above</i> and to <i>outer</i> side	separating Facial and Zygomatic Surfaces.
Nasal	" " " <i>inner</i> " presenting	{ no mark in front. { Lachrymal Groove behind. { Superior Turbinated Crest } on inner surface { Anterior Ethmoidal Cells }
Palatine*	" along <i>inner</i> surface near <i>lower</i> border "	{ Maxillary Crest along inner edge. { Anterior Nasal Spine at anterior end of " " " Palatine Fossa " " under surface. { Groove for Ant. Palatine Nerve on post. part of " "

\* Compare with horizontal plate of Palate Bone.

PLATES	Horizontal	inner edge	{ raised to form	Crest for Vomer.
		" "	{ prolonged backwards as	Posterior Nasal Spine.
		posterior	" marked by	{ " Palatine Canal. Accessory " Canals.
	Vertical	Internal Surface	presents from below upwards	{ Inferior Meatus (part of). " Turb. Crest for Inf. Turb. Bone. Middle Meatus (part of). Superior Turb. Crest for Mid. Turb. Bone. " Meatus (part of)
		External	" { below and in front smooth, above " behind " ,	covering opening of Antrum behind. forming inner wall of Spheno-maxil. Fossa.
			{ intermediately rough,	{ articulating with Superior Maxilla. marked by Posterior Palatine Canal.
		Anterior border	prolonged forward over Antrum as	Maxillary Process.
		Posterior	" " back between Pterygoid Plates as	Pterygoid " or Tuberosity.
PROCESSES	Sphenoidal	a curved plate	directed upward and inward to under surface of body of Sphenoid.	
		a hollow cube	{ " " " outward to posterior inferior angle of Ethmoid, turned so that anterior surface looks downwards and outwards as well as forwards, and the other surfaces in corresponding directions.	
	Orbital	with six Surfaces	{ Inferior connected with Sup. or Orbital forming Ext. " Zygomatic " Ant. " Maxillary articulating with Post. " Sphenoidal " " Int. " Ethmoidal " "	Vertical Plate of Palate. Floor of Orbit (back part). Zygomatic Fossa (part of anterior wall). Superior Maxilla. Anterior surface of Body of Sphenoid. Lateral Mass of Ethmoid.

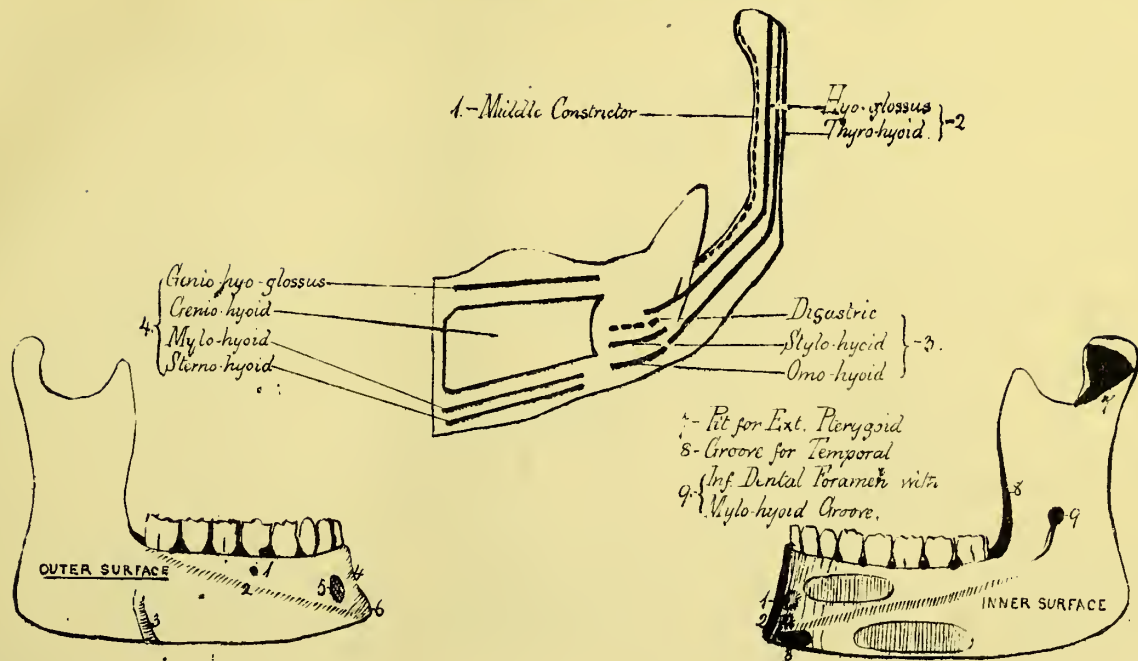
# INFERIOR MAXILLA.

BODY (12 points)	{ Surfaces	{ External	{ three Eminences	{ Ridge of Symphysis vertically in mid-line.
			{ three Depressions	{ Mental Process at lower end of Symphysis.
		{ Internal	{ three Eminences	{ Ext. Oblique Line from Mental Process to Ramus.
			{ three Depressions	{ Incisive Fossa below Incisor Tooth.
RAMUS (6 Points)	{ Processes	{ Surfaces	{ three Eminences	{ Mental Foramen „ second Bicuspids „
			{ three Depressions	{ Groove for Facial Artery, at junction with Ramus.
			{ three Eminences	{ Genio-hyoid Tubercle } behind Symphysis.
			{ three Depressions	{ Genio-hyo-glossus „ „
	{ Surfaces	{ Internal, with two Depressions	{ three Eminences	{ Int. Oblique Line from Symphysis to last Molar.
			{ three Depressions	{ Digastric Fossa, near Symphysis, below Tubercles.
			{ three Eminences	{ Sublingual „ above Mylo-hyoid Ridge.
			{ three Depressions	{ Submaxillary „ below „ „
	{ Surfaces	{ External, showing no special marking.	{ on upper border	{ Coronoid, grooved anteriorly for Temporal Muscles.
			{ each with a depression in front of it	{ Condylod, hollowed „ „ Ext. Pterygoid „
			{ Internal, with two Depressions	{ Inferior Dental Foramen.
			{ External, showing no special marking.	{ Mylo-hyoid Groove.

## HYOID BONE.

Muscles attached	{ On Body	Four Hyoid Muscles.	{ Genio-hyo-glossus to upper border of anterior surface.
			{ Genio-hyoid „ chief part „ „
			{ Mylo-hyoid „ lower „ „ „
			{ Sterno-hyoid „ „ border „ „
	{ At junction of Body and Great Cornu	Three „ „	{ Stylo-hyoid.
			{ Aponeurosis of Digastric above Stylo-hyoid.
			{ Omo-hyoid below „ „
			{ Hyo-glossus above, extending also to Body and Small Cornu.
	{ On Great Cornu	{ Two „ „	{ Thyro-hyoid below
			{ One Pharyngeal Muscle. Middle Constrictor, extending to Small Cornu along upper edge. •

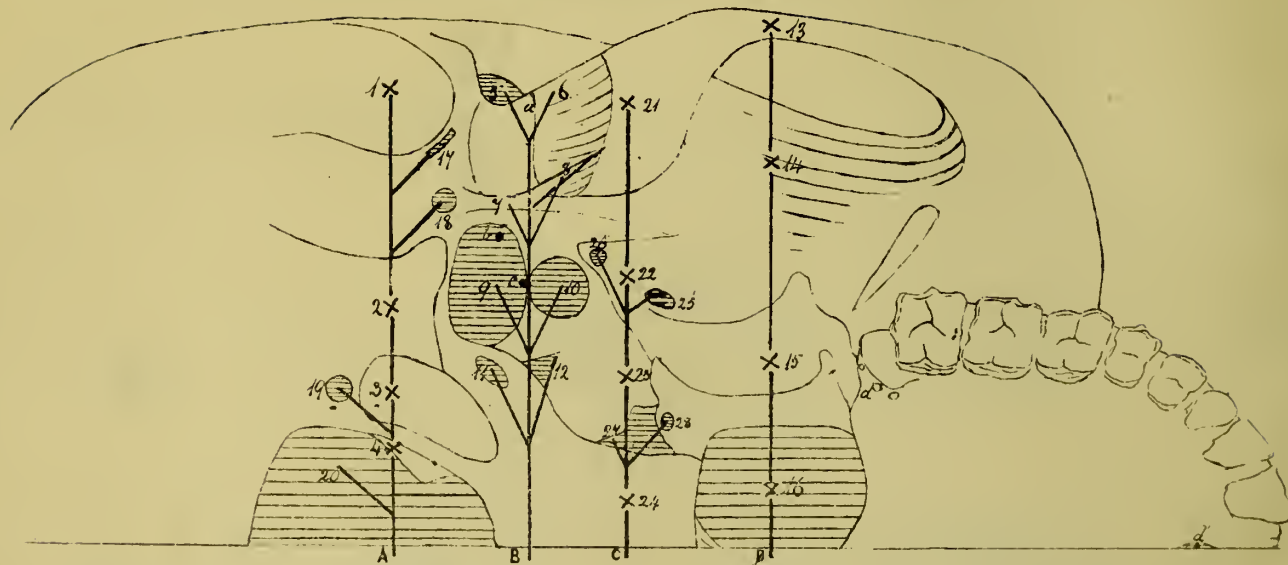
# HYOID BONE AND INFERIOR MAXILLA.



- |                          |                  |
|--------------------------|------------------|
| 1-Mental Foramen.        | 4-Symphysis      |
| 2-Ext. Oblique Line.     | 5-Incisor Fossa. |
| 3-Groove for Facial Art. | 6-Mental Process |

- |                              |                      |
|------------------------------|----------------------|
| 1-Genio-hyo-glossus Tubercle | 4-Sublingual Fossa.  |
| 2-Genio-hyoid Tubercle       | 5-Mylo-hyoid Ridge   |
| 3-Digastric Fossa.           | 6-Submaxillary Fossa |

# BASE OF SKULL.



- A
- 1.-Mastoid Process
  - 2.-Jugular Process.
  - 3.-Condylar Process.
  - 4.-Process for Check Lig<sup>t</sup>. with
  - 17.-Auricular Fissure.
  - 18.-Stylomastoid Foramen
  - 19.-For. Condylaroid Foramen
  - 20.-Foramen Magnum.

- B
- 5.-Ext. Auditory Meatus with
  - 7.-Vaginal Process with
  - 9.-Jugular Fossa with
  - 11.-Ant. Condylaroid Foramen with
- C
- 21.-Eminentia Articularis
  - 22.-Spine of Sphenoid
  - 23.-Surf. for Tensor Tympani etc.
  - 24.-Basilar Process

- D
- 6.-Glenoid Fossa.
  - 8.-Styloid Process.
  - 10.-Carotid Canal.
  - 12.-Aqueductus Cochleæ.

- D
- 13.-Zygomatic Process.
  - 14.-Zygomatic Fossa.
  - 15.-Tongue Process
  - 16.-Nasal Fossa
  - a.-Glaserian Fissure.
  - b.-Canal for Arnold's N.
  - c.-Canal for Jacobson's N.
  - d.-Palatine Foramina

- E
- 25.-Foramen Ovale.
  - 26.-Foramen Spinosum.
  - 27.-Foramen Lacrum Medium.
  - 28.-Opening of Vidian Canal.

Foramen Lacerum Anterius	{ (in Middle Fossa) transmits	<i>six</i> Nerves, <i>two</i> Arteries and <i>one</i> Vein	{ Third Nerve. Fourth " } Lachrymal " } of Ophthalmic Division Frontal " } of fifth Nerve. Sixth " } Sympathetic Root of Lenticular Ganglion. Orbital Branches of Middle Meningeal Art. Recurrent Branch of Lachrymal " } Ophthalmic Vein.
Foramen Lacerum Medium	{ " " " "	<i>three</i> " " " "	{ Vidian Nerve. Carotid Division } of Sympathetic. Cavernous " } Carotid Artery. Meningeal Branch of Ascending Pharyngeal Artery. Emissary Vein from Cavernous or Petrosal Sinus.
Foramen Lacerum Posterius	{ (in Posterior " )	" " " <i>one</i> Artery and <i>two</i> Veins	{ Glosso-pharyngeal Nerve. Pneumogastric " } Spinal Accessory " } Meningeal Branch from Occipital Artery. Lateral Sinus } terminal portions. Inferior Petrosal Sinus }
Foramen Magnum	" " "	{ Spinal Cord and <i>one</i> pair of Nerves <i>four</i> pairs of Arteries and <i>one</i> pair of Veins	{ Spinal Cord. Right and Left Spinal Accessory Nerves. " " Vertebral Arteries. " " Meningeal Branches of Vertebral Arteries. Right and Left Anterior Spinal Branches of Vertebral Arteries. Right and Left Posterior Spinal Branches of Vertebral Arteries. Right and Left Spinal Plexus of Veins.

Foramina of Cranium—*continued*.

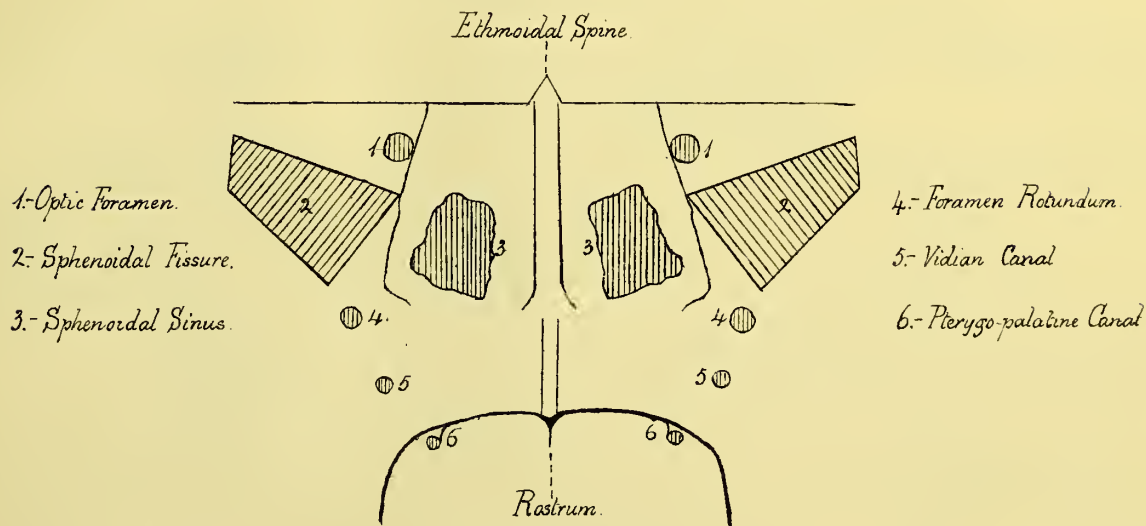
<b>Lamina Cribriformis</b>	(in Anterior Fossa) transmits <i>two</i> Nerves and <i>two</i> Arteries	{	{	Olfactory Nerve.
			{	Nasal „ „
			{	Anterior Ethmoidal Artery.
			{	Posterior „ „
<b>Foramen Opticum</b>	„ „ „ „ „ „ <i>one</i> Artery.	{	{	Optic Nerve.
			{	Sympathetic on Ophthalmic Artery.
			{	Ophthalmic Artery.
„ <b>Ovale</b>	(in Middle „ ) „ „ „ „ „	{	{	Inferior Maxillary Nerve.
			{	Small Petrosal „
			{	„ Meningeal Artery.
<b>Meatus Auditorius Internus</b>	(in Posterior „ ) „ „ „ „ „	{	{	Facial Nerve.
			{	Auditory „
			{	„ Branch of Basilar Artery.
<b>Hiatus Fallopii</b>	(in Middle „ ) „ <i>one</i> Nerve „ „	{	{	Great Superficial Petrosal Nerve.
			{	Branch of Great Meningeal Artery to Ear.
<b>Foramen Spinosum</b>	„ „ „ „ „ „ „	{	{	Sympathetic twigs on Great Meningeal Artery.
			{	Great Meningeal Artery.
„ <b>Rotundum</b>	„ „ „ „ „ „			Superior Maxillary Nerve.
„ <b>Condylloid. Anterius</b>	(in Posterior „ ) „ „ „			Hypoglossal Nerve.

## Foramina for Emissary Veins.

One in each Bone of the Cranium, except Ethmoid.

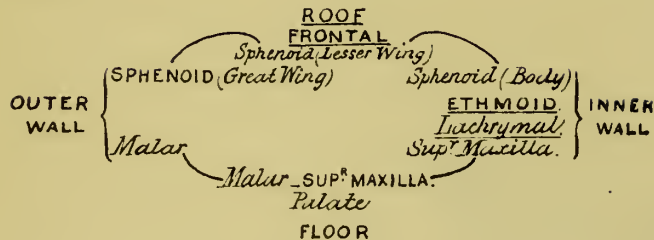
In <b>Frontal</b> , — <i>Foramen Cæcum</i> ,	for Emissary Vein to Nose	{	opening into Superior Longitudinal Sinus.
„ <b>Parietal</b> , — <i>Parietal Foramen</i> ,	„ „ „ join Occipital Vein	{	
„ <b>Occipital</b> , — <i>Post. Condylloid</i>	„ „ „ „ „ „	{	„ „ Lateral „
„ <b>Temporal</b> , — <i>Mastoid</i>	„ „ „ „ „ „	{	
„ <b>Sphenoid</b> , — <i>Foramen of Vesalius</i> ,	for „ „ „ „ „ Pterygoid Veins	{	„ „ Cavernous „
„ „ — <i>Sphenoidal Fissure</i> ,	for Ophthalmic Vein	{	

# FORAMINA ON ANTERIOR SURFACE OF SPHENOID. —

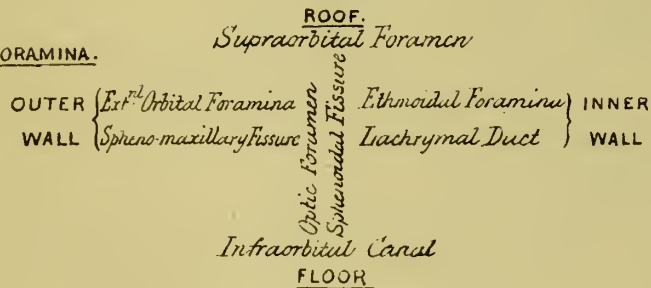


## ORBITAL FOSSA.

### BONES.

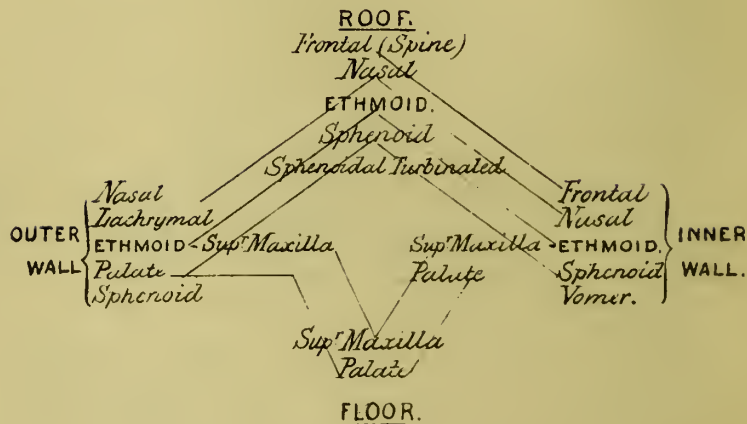


### FORAMINA.



## NASAL FOSSA.

### BONES.



## ORBITAL FOSSA.

21

*Two* **Bones** form the Roof, *two* the Outer Wall, *three* the Floor, and *four* the Inner Wall.

The Frontal	forms part of	Roof only.
" Palate	" "	Floor only.
" Lachrymal }	form	" Inner Wall only.
" Ethmoid }		
" Superior Maxilla	forms	" " and Floor.
" Malar	" "	Outer Wall " "
" Sphenoid	" "	" " Roof and Inner Wall.
in Roof	Supraorbital Foramen	{ in Outer Wall { External Orbital Foramina. Spheno-maxillary Fissure.
" Floor	Infraorbital Canal	
		{ in Inner " { Ethmoidal Foramina. Lachrymal Canal.

## NASAL FOSSA.

*Five* **Bones** form the Roof, *six* the Outer Wall, *seven* the Inner Wall, and *two* the Floor.

The Vomer	forms part of the	Inner Wall only.
" Lachrymal	" "	Outer " "
" Sphenoidal Turbinate	" "	Roof " "
" Frontal	" "	" and Inner Wall.
" Nasal	{ form	" " " and Outer Wall.
" Ethmoid		
" Sphenoid		
" Superior Maxilla		
" Palate	" "	Floor " " " "
{ in Floor	Anterior Palatine Foramina.	
	{ in Roof Foramina in Cribriform Plate.	

Foramina, etc.	{	in Outer Wall						{	Orifice of Sphenoidal Sinus.	
		in Sup. Meatus (which is of one-third the length of Outer Wall)							three	" Post. Ethmoid Cells.
		" Middle " ( " two-thirds " " " )							two	Spheno-palatine Foramen.
		" Inferior " ( " nearly the same length as " " )							one	Orifice of Antrum.
										" Infundibulum.
									" Lachrymal Canal.	

Compare with Diagram.

## RIBS.

A Rib consists of { a Posterior Extremity, comprising a Head, Neck and Tuberosity.  
 an Anterior " "  
 a Shaft,

and presents two Surfaces, two Borders and five Curves.

Curves	{	A short	curve corresponding to the Posterior Extremity.		
		A long	"	"	Shaft.
		An upward	"	"	Posterior Extremity.
		A downward	"	"	Anterior "
		A twist of the Bone upon its own axis, the outer surface looking upwards in front, and downwards behind.			

The junction of the short and long curves is indicated on the outer surface by a ridge,—the *Posterior Angle*.

The same point marks the beginning of the upward Curve, and is the point round which the bone is twisted.

The junction of the downward curve with the shaft is indicated by the *Anterior Angle*.

The first Rib has only one curve, its Posterior Angle coinciding with its Tubercle.

The last " " " " falling upon its Anterior Extremity.

The Curves and Angles are all most marked in the seventh Rib, thence upwards and downwards becoming less distinct.

The distance between the Posterior Angle and the Tubercle increases from above downwards.

The Posterior Extremities (Heads and Necks) increase in size from above down, being small and rounded in the upper, large and flattened in the lower Ribs.

The Anterior Extremities and Tubercles diminish in size from above down, being largest in the first Rib.

The Tubercle consists of an articular and a non-articular portion,

the articular portion in the upper Ribs is oval with the long diameter transverse, and is convex,

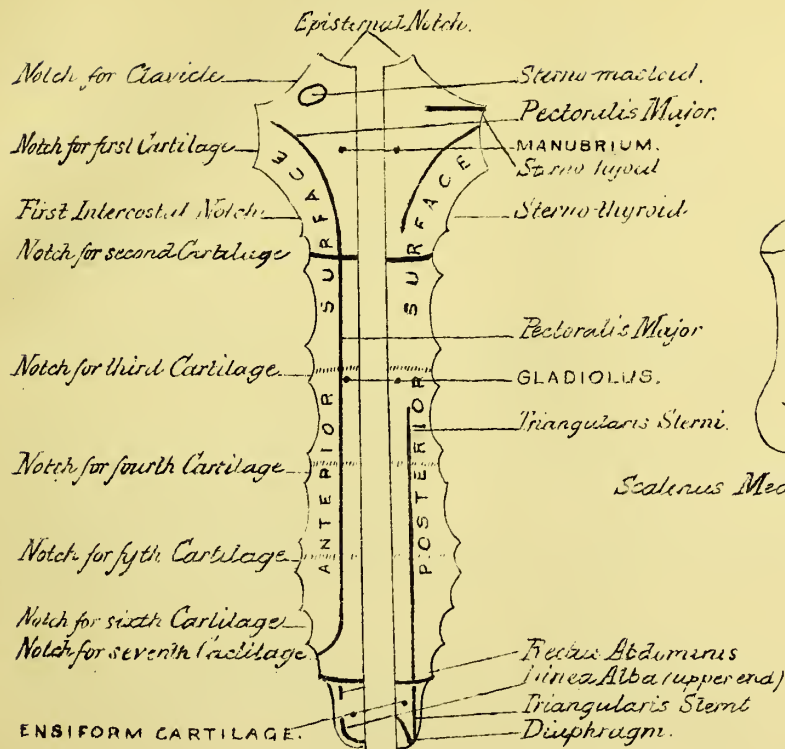
" " " lower " " " " vertical " flat.

In the eleventh and twelfth Ribs the Tubercle is wanting.

The Intercostal Groove narrows from above down, being indistinguishable from its breadth in the first Rib, and being obliterated in the last Rib.

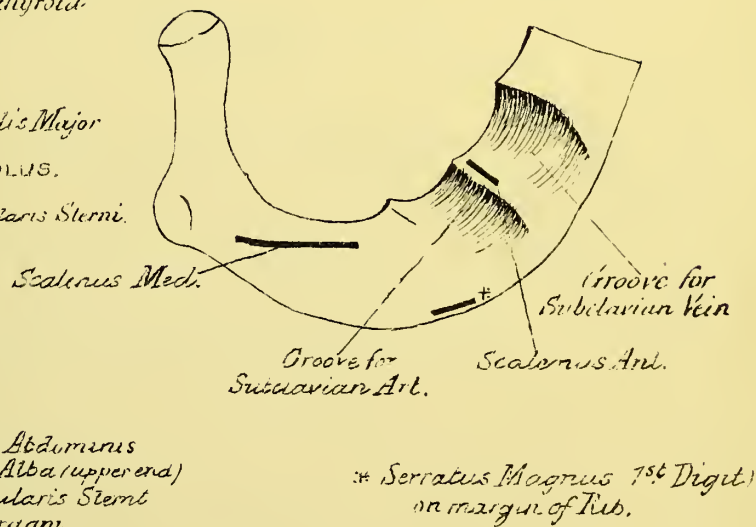
This table refers only to the general characteristics of the Ribs.

## STERNUM.



## FIRST RIB.

### UPPER SURFACE.





Shaft.

Outer third	flattened, presenting two Surfaces	$\left\{ \begin{array}{l} \text{superior} \\ \text{inferior} \end{array} \right.$	and two Borders	$\left\{ \begin{array}{l} \text{anterior.} \\ \text{posterior.} \end{array} \right.$
-------------	------------------------------------	---	-----------------	--

Inner two-thirds	prismatic,	„	three	„	$\left\{ \begin{array}{l} \text{anterior} \\ \text{posterior} \\ \text{inferior} \end{array} \right.$	$\left\{ \begin{array}{l} \text{anterior.} \\ \text{posterior.} \\ \text{superior.} \end{array} \right.$
------------------	------------	---	-------	---	---	--

The Anterior Border of the outer part is continued into the Anterior Border of the inner, and presents the Deltoid Tubercle.  
 „ Posterior „ „ „ divides „ Post. and Sup. Borders „ „ „ Conoid „

„ Anterior Surface of the inner part is convex, and is continuous with the Superior Surface of the outer part.

"	Posterior	"	"	flat	"	"	Posterior Border	"	"
---	-----------	---	---	------	---	---	------------------	---	---

Superior	convex	Superior Surface
Inferior	concave	Inferior Surface

### Attachment of Muscles, etc.

To outer third of Bone in front, *Muscles*— $\left\{ \begin{array}{l} \text{Trapezius} \\ \text{Deltoid} \end{array} \right\}$  to inner third in front, *Muscles*— $\left\{ \begin{array}{l} \text{Sterno-mastoid} \\ \text{Pectoralis Major} \end{array} \right\}$  to middle third in front—Integuments.

On	,,	,,	,,	behind, Ligament—Conoid	on	,,	,,	behind, Muscle—Sterno-hyoid	in middle third behind—Nutrient Foramen.
----	----	----	----	-------------------------	----	----	----	-----------------------------	--

" " " " below, *Ligament*—Trapezoid " " " below, *Ligament*,—Rhomboid to middle third below—Subclavius.

**The Inner Extremity** (Sternal) is triangular, with concavo-convex articular facet over lower part, prolonged round lower border.

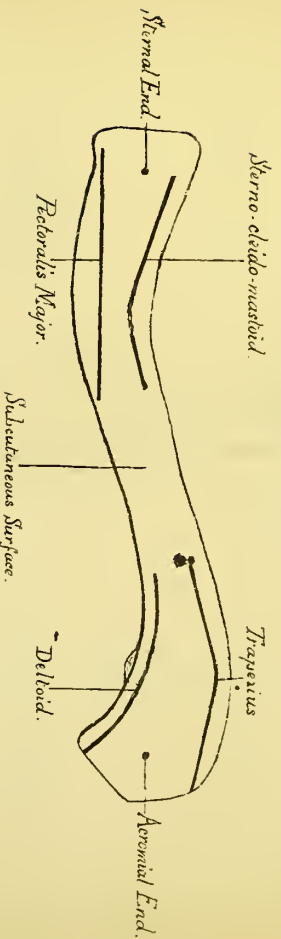
**The Outer Extremity** (Acromial) is oval,      „      flat      „      „      limited to Extremity.

The Inner Extremity looks inwards, the Outer outwards, both look forwards and downwards.

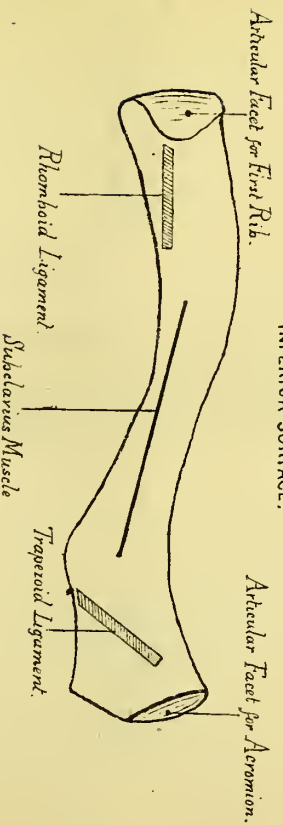


# CLAVICLE.

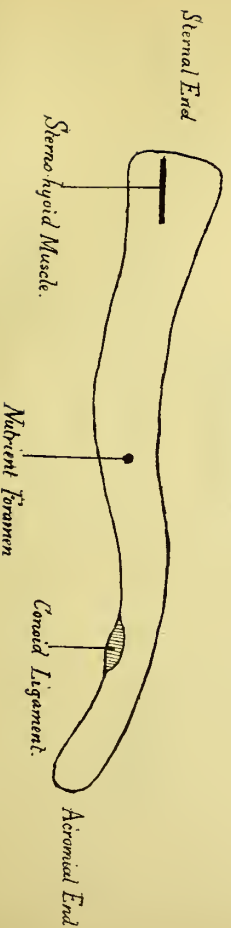
ANTERIOR SURFACE.



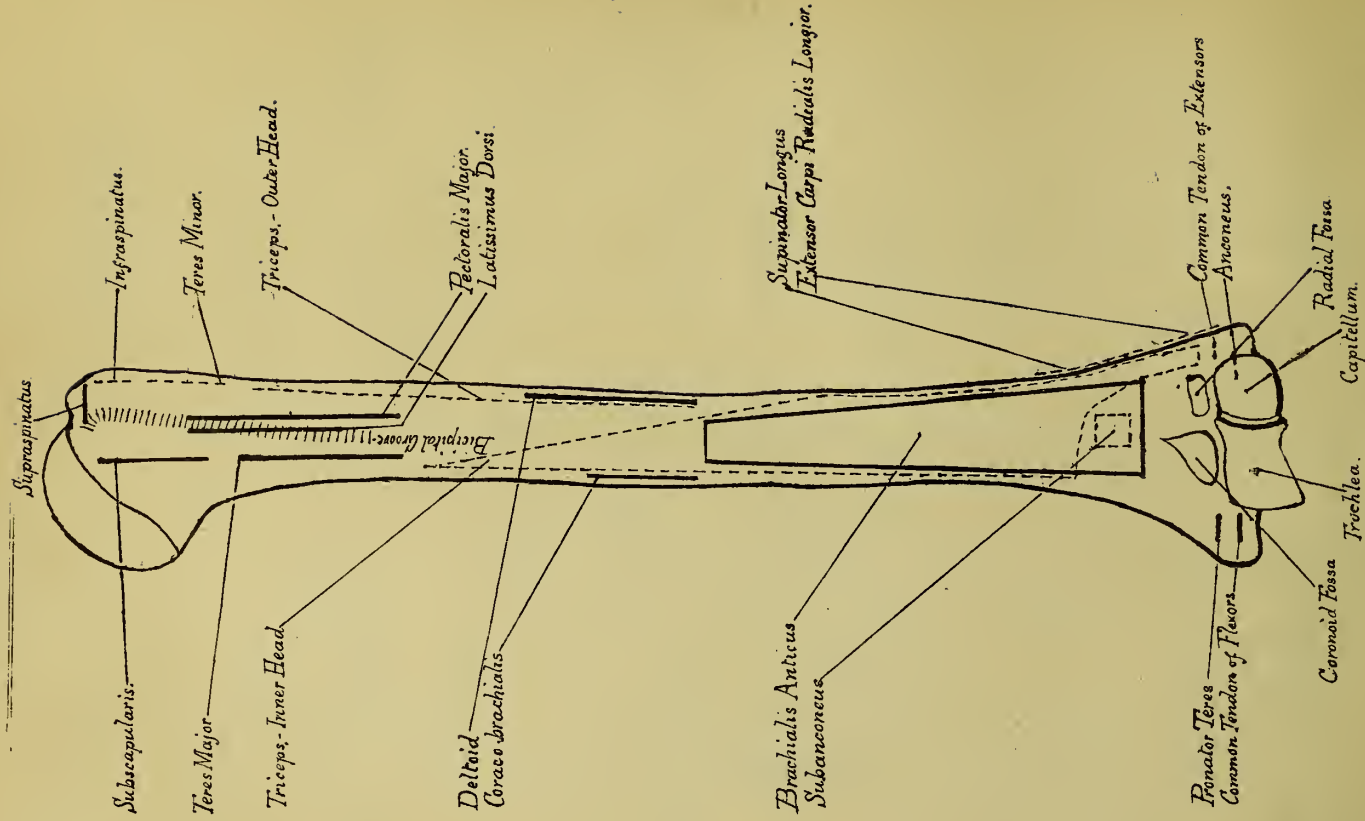
INFERIOR SURFACE.



POSTERIOR SURFACE.



# HUMERUS



N.B. The dotted lines represent the positions of Muscles which are on the posterior surface of the Bone.

## UPPER EXTREMITY.

Head	hemispherical, directed inwards and also upwards and backwards.		
Necks,	{ <i>Anatomical</i> ,	a groove separating Head and Tuberosities.	
	{ <i>Surgical</i> ,	immediately below " " "	
Tuberosities	{ <i>Great</i>	on outer side of Extremity, square, with 3 facets for	
	{ <i>Small</i>	in front " " pyramidal, " 1 facet " "	
			{ Supraspinatus. Infraspinatus. Teres Minor. Subscapularis.

## LOWER EXTREMITY.

Articular Sur- faces	{ <i>Capitellum</i> ,	to outer side and in front, convex, looking forwards, for Radius in flexion.	
	{ <i>Trochlea</i> ,	,, inner ,, in front and behind, concavo-convex, directed from behind forwards and inwards, for Ulna.	
Fossæ	{ <i>Coronoid F.</i> ,	in front, above Trochlea, deep, for Coronoid Process in flexion.	
	{ <i>Olecranon F.</i> ,	behind, ,, ,, Olecranon ,, extension.	
	{ <i>Radial F.</i> ,	in front, ,, Capitellum, shallow, ,, Head of Radius in flexion.	
Condyles	{ <i>Internal</i> ,	prominent, projecting on inner side of Trochlea, attaching Flexors of Forearm and Int. Lat. Ligament.	
	{ <i>External</i> ,	flattened, situated behind Capitellum ,, Extensors ,, ,, Ext. ,, ,,	

## SHAFT.

Borders	{ <i>Anterior</i> ,	from front of Great Tuberosity to Coronoid Fossa.	
	{ <i>External</i> ,	,, back ,, ,, External Condyle.	
	{ <i>Internal</i> ,	,, below Small ,, ,, Internal ,,	
Surfaces	{ <i>External</i> ,	looking outwards above, outwards and forwards below, marked by Bicipital Groove.	
	{ <i>Internal</i> ,	,, forwards ,, forwards and inwards ,, ,, Nutrient Foramen.	
	{ <i>Posterior</i> ,	,, back and in ,, back and out ,, ,, Musculo-spiral Groove.	

**MUSCLES ATTACHED.**

On posterior Surface {	below Musculo-spiral Groove	Triceps, Inner Head.
	above „ „ „	„ Outer „
{ Above Inner Head of Triceps, below Small Tuberosity (to inner lip of Bicipital Groove)		Teres Major.
{ „ Outer „ „ „ Great „ (to lowest facet and bone below)		„ Minor.
{ „ Teres Major to Small „ (and bone below)		Subscapularis.
{ „ „ Minor „ Great „ (to middle facet)		Infraspinatus.
Intermediately „ „ „ (, highest „ )		Supraspinatus.
{ In front of Humerus, to lower half of Ext. and Int. Surfaces, connected with Anterior Ligament of Elbow		Brachialis Anticus.
{ Behind „ at lower end of Posterior Surface „ „ Posterior „ „ „		Subanconeus.
{ To outer side of „ „ middle of External „ over triangular impression		Deltoid.
{ „ inner „ „ „ Internal „ along linear „		Coraco-brachialis.
{ In front of „ to outer lip of Bicipital Groove		Pectoralis Major.
{ „ „ „ floor of „ „		Latissimus Dorsi.
{ To External Condyle, at back,		Anconeus and Extensors of Hand.
{ „ Internal „ in front,		Pronator Teres and Flexors of Hand.
„ External Supracondyloid Ridge {	to upper two-thirds,	Supinator Longus.
	to lower third,	Extensor Carpi Radialis Longior.

UPPER EXTREMITY (having two Processes and two Cavities).

{	Olecranon Process, quadrilateral, with	{	posterior surface,	triangular and subcutaneous.
		{	anterior     ,,	concave, smooth, forming upper part of Great Sigmoid Cavity.
		{	superior     ,,	square and flat, for Triceps behind and Bursa in front.
		{	lateral surfaces	flattened, for muscular attachments.
{	Coronoid Process, wedge-shaped, with	{	upper surface,	concave, smooth, forming lower part of Great Sigmoid Cavity.
		{	under     ,,	rough for muscles, continued into Tubercle.
		{	external   ,,	presents Lesser Sigmoid Cavity.
		{	internal   ,,	ridged for muscular attachments.

{	Greater Sigmoid Cavity, concave from above down, divided by	{	vertical ridge into	{	larger inner part, concave.
			{	smaller outer part, flat.	
{	Lesser " " " " before back, narrow and oblong.	{	transverse notch into upper and lower parts.		

Muscles at- tached	{	{ To under surface of	Coronoid Process, below,	Brachialis Anticus,	Flexor of Forearm.	
		{ " upper " "	Olecranon " behind	Triceps,	Extensor "	
		{ " outer side of	" "	Anconeus,	" "	
		{ " inner "	" "	Flexor Profundus Digitorum,	Flexor of Fingers.	
		{ " ridge on inner side of	Coronoid "	Pronator Teres,	Rotator in of Forearm.	
		{ " depression on outer side of	" "	Supinator Brevis,	" out "	
	{	{ tubercle on inner "	" "	above,	Flexor Sublimis Digitorum,	Flexor of Fingers.
		{ " impression on under surface	" "	below,	Flexor Longus Pollicis,	" Thumb.

**LOWER EXTREMITY** (having two Processes and two Depressions).

{	Head,	rounded, convex, articular, for {	Triangular Cartilage below.
			Sigmoid Cavity of Radius externally.
{	Styloid Process,	situated at posterior and inner side of Head, attaching Internal Lateral Ligament of Wrist	
{	Depression,	between Head and Styloid Process, for attachment of Triangular Cartilage.	
{	Groove,	on back of Head,	,, tendon ,, Extensor Carpi Ulnaris.

**SHAFT**

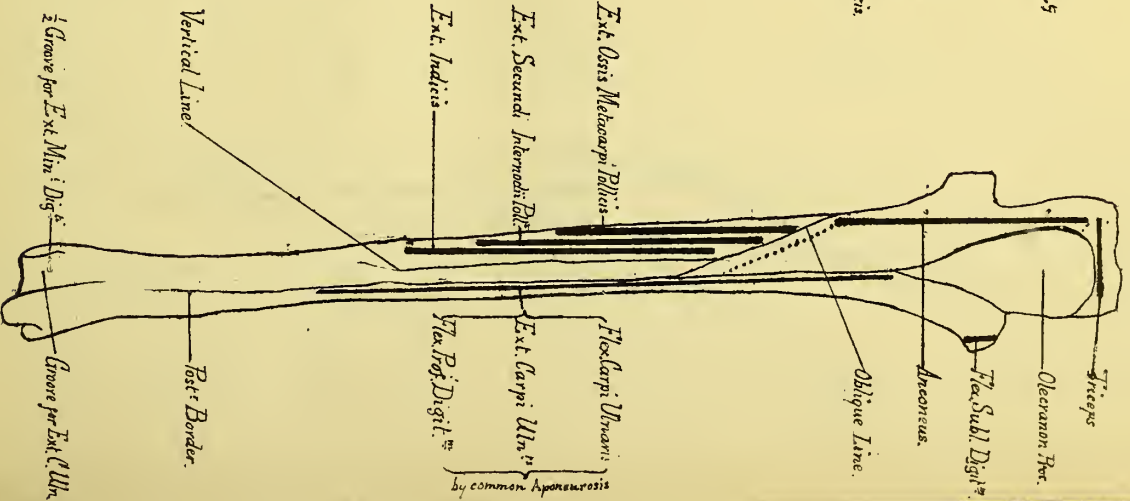
convex behind and externally, prismatic above, rounded below, tapering from above down.

Borders	{	<i>Anterior,</i>	extending from inner angle of Coronoid Process to front of Styloid Process.
	{	<i>Posterior,</i>	,, ,, lower ,, Olecranon ,, back ,,
	{	<i>Ext. (or Interosseous)</i>	,, ,, outer side of Coronoid ,, middle of Head.
	The <i>Oblique Line</i> on posterior surface runs from Lesser Sigmoid Cavity to posterior border of Ulna.		
		,, <i>Vertical</i> ,,	,, ,, ,, down from middle of Oblique Line.

Surfaces	{	<i>Anterior, concave, attaching</i>	{	Brachialis Anticus (where continued into Coronoid Process).
			{	Flexor Profundus Digitorum (to upper three-fourths).
			{	Pronator Quadratus (to lower fourth).
	{	<i>Internal, convex,</i>	{	Flexor Profundus Digitorum (to upper three-fourths and posterior border).
		<i>(with Post. Border)</i>	{	,, Carpi Ulnaris (to upper three-fourths, posterior border only).
			{	Extensor ,, ,, ,, ,, ,, ,, ,, Lower fourth is subcutaneous.
	{	<i>Posterior, flattened</i>	{	Extensor Ossis Metacarpi Pollicis,
			{	,, Secundi Internodii ,,
			{	,, Indicis,
				} overlapping each other.

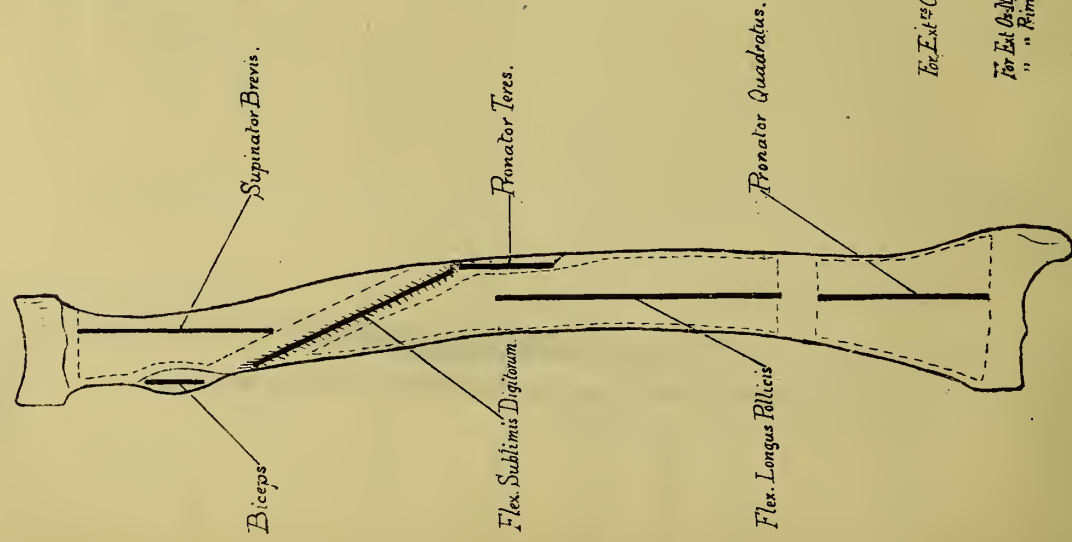
1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

POSTERIOR ASPECT.

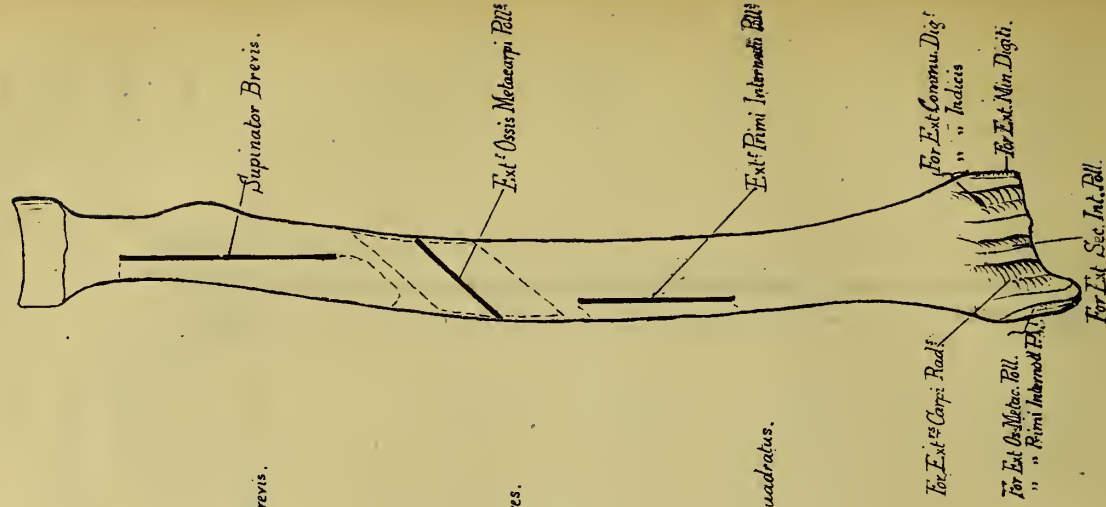


# RADIUS.

ANTERIOR SURFACE.



POSTERIOR SURFACE.



# RADIUS.

29

## UPPER EXTREMITY.

Head,	disc-shaped	{ concave above, articular for Capitellum. flattened laterally, " " Lesser Sigmoid Cavity and Orbicular Ligament.
Neck,	cylindrical, constricted and smooth.	
Tuberosity,	below and to inner side of Neck, oval	{ rough for insertion of Biceps tendon behind. smooth " Bursa under " " in front.

## LOWER EXTREMITY.

Surfaces	Inferior,	triangular, concave, articular	{ divided into { outer triangular part for Scaphoid. inner rectangular " Semilunar.
			{ continued { on to Styloid Process (inner aspect) externally. into Sigmoid Cavity (for Ulna) internally.
	Internal,	oval,	forming Sigmoid Cavity.
	External,	grooved for Extensors of Thumb, prolonged down into Styloid Process.	
	Anterior,	rough " Anterior Ligament of Wrist.	
	Posterior,	grooved " Extensor Tendons, rough for Posterior Ligament of Wrist.	

**SHAFT** (prismoid, convex outwards, tapering upwards).

Borders	Anterior,	(upper half forming Oblique Line) from front of Tuberosity to front of Styloid Process.
	Internal,	(or Interosseous) bifurcating below " back " " extremities of Sigmoid Cavity.
	Posterior,	" " of Neck " back of Styloid Process.

Surfaces	Anterior, concave, attaching three Flexors and three Rotators	Biceps	{ above Oblique Line
		Supinator Brevis	
		Flexor Sublimis Digitorum	{ to " "
		Pronator Teres	
	External, convex, " three Rotators	Flexor Longus Pollicis	{ below " "
		Pronator Quadratus	
Posterior, flattened, "		Supinator Brevis,	over upper third.
		Pronator Teres,	in middle "
		Supinator Longus,	to lower end (root of Styloid Process).
		Supinator Brevis,	to upper third.
		Ext. Ossis Metacarpi Pollicis,	to middle "
		" Primi Internodii "	in lower " (for 1 to 2 inches).

## RADIUS AND ULNA.

There are **six Grooves** on the Lower Extremities of the Radius and Ulna,  
*three* for muscles of the Thumb and Little Finger, alternating with  
*three* for the other Fingers and Hand.

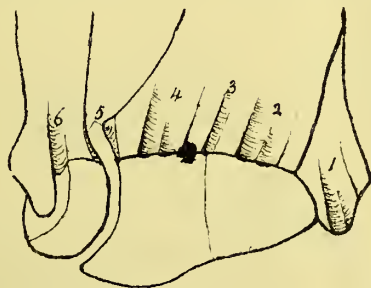
On Styloid Process,	on outer side, a <i>double</i> groove for	{	Extensor Ossis Metacarpi Pollicis.
			„ Primi Internodii „
	{ on outer side, a „ „ „	{	„ Carpi Radialis Longior.
			„ „ „ Brevior.
On back of Radius,	{ at middle, a <i>single</i> „ „	{	„ Secundi Internodii Pollicis.
	{ on inner side, a <i>double</i> „ „	{	„ Communis Digitorum.
			„ Indicis.
Between Radius and Ulna,	a <i>single</i> „ „	„	Minimi Digiti.
On back of Ulna,	a „ „ „	„	Carpi Ulnaris.
	Of the six Grooves	{	the <i>outer two</i> are double.
			„ <i>inner</i> „ „ single.
		{	„ <i>middle</i> „ „ { external, single.
			{ internal, double.

As regards the Radius, Ulna and prismatic portion of the Clavicle, one of the three surfaces in each case is flat, one convex and one concave.

## GROOVES ON LOWER ENDS OF RADIUS AND ULNA

4) Double for { Extensor Communis Digiti  
Extensor Indicis

(3) Single for Secundi Internodii Polli.



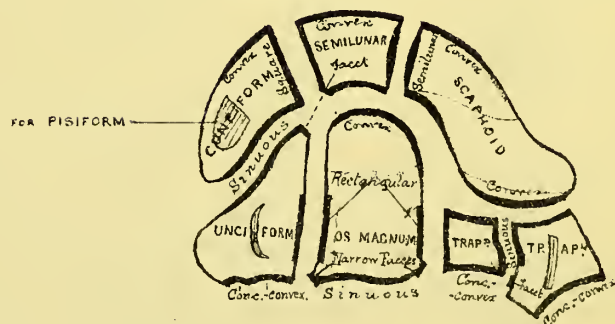
Single for Ext. Minimi Digiti. (5)

(2) Double for { Ext. Carpi Rad. Long.  
" " " Brevior

" " Ext. Carpi Ulnaris. (6)

(1) " " { Ext. Primi Int. Pollicis.  
" Ossis Metac. "

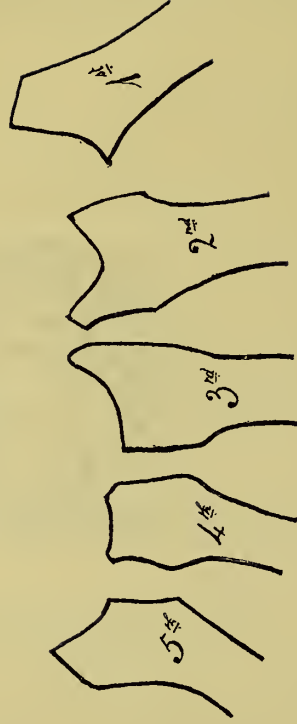
## CARPAL BONES .- ARTICULAR SURFACES.



The thick lines show the positions of the articular surfaces.

## METACARPAL BONES.

### BASES.



## PHALANXES.

1<sup>st</sup> ROW.

2<sup>nd</sup> ROW.

3<sup>rd</sup> ROW.



# CARPUS.

31

Composed of *eight* Bones in *two* Rows

				{		in the upper Row	{ Scaphoid and Semilunar. Cuneiform „ Pisiform.
				{		in the lower „	{ Trapezium „ Trapezoid. Os Magnum „ Unciform.
Of all the Bones of both Rows				{		the <i>posterior</i> surfaces are	flattened and rough for Ligaments.
				{		„ <i>anterior</i> „ „	tubercular „ „ „
{	„	„	„			„ <i>posterior</i> „ „	smaller than the anterior.
	„	„	„			„ „ „ „	larger „ „
	„	„	„			„ <i>superior</i> „ „	convex, articular for Radius or Ulna.
	„	„	„			„ <i>inferior</i> „ „	saddle-shaped, „ „ Metacarpus.
				{		of the { Trapezium {	„ <i>superior</i> „ „
				{		Trapezoid „ „	concave, „ „ Scaphoid.
				{		Os Magnum „ „	convex, „ „ Semilunar.
				{		Unciform „ „	sinuous, „ „ Cuneiform.
{	„	the terminal Bones of the	first „	{		Scaphoid {	„ <i>posterior</i> „ „
	„	„ „	„ second „	{		Cuneiform {	reduced to rough grooves.
	„	„ „	„ both Rows	{		Trapezium {	„ <i>anterior</i> „ „
				{		Unciform {	prolonged into hooked processes.
						„ <i>lateral free</i> „ „	tubercular.
{	„	the Os Magnum		{		„ <i>lateral</i> „ „	carry square facets { ext. below and in front.
	„	„	two Bones internal to Os Magnum	{		„ <i>inferior surface</i> is	int. above „ behind.
	„	„	external „ „	{		Cuneiform {	sinuous, articular.
	„	„	„	{		Unciform {	„ „
				{		Trapezoid {	„ „ „ „
				{		Trapezium {	„ „ „ „
				{		„ <i>external surface</i> is	semilunar „ „ Scaphoid.
				{		„ <i>internal</i> „ is	square „ „ Cuneiform.



## OS INNOMINATUM.

Surfaces	External	{	{ <i>Superior Curved Line</i> from upper part of Great Sciatic Notch to Crest 2in. from Posterior Superior Spine.				
			{ <i>Middle</i> " " " " " " " " " " Anterior.				
			{ <i>Inferior</i> " " " front " " " " " " back of Notch between Anterior Spines.				
			{ <i>The Surface behind</i> the Superior Curved Line is irregular for the { Pyriformis below.				
	Internal	{	{ " " <i>between</i> " " and Middle Lines " concave " Glutæus Medius.				
{ " " " " Middle and Inferior " " convex " Glutæus Minimus.							
{ " " <i>below</i> " " Inferior Line " " irregular " Rectus (reflected head).							
{ <i>In front</i> smooth and concave for Iliacus presenting nutrient foramen below.							
			{ <i>Behind</i> rough and irregular " Sacro-iliac Ligs. above " Auricular Surface for Sacrum below.				
Borders	Superior (Crest) to outer lip	{	{ Tensor Vag. Femoris			{ Transversalis.	
			{ Obliquus Externus—to inner lip				{ Quadratus Lumb.— <i>intermediately</i> —Obliquus Internus.
			{ Latissimus Dorsi				
	Anterior	{	{ <i>above,</i> Anterior Superior Spine attaching Sartorius			{ with notch between.	
			{ <i>below,</i> " Inferior " " Rectus (straight head)				
Posterior	{	{ <i>above,</i> Posterior Superior " " " Sacro-iliac Lig.			{ " " "		
		{ <i>below,</i> " Inferior " entering into " Joint.					
The Ilium forms rather <i>less</i> than $\frac{2}{3}$ of the Acetabulum.							

ISCHIUM.

Surfaces	{	External	{	above forms lower and back part of Acetabulum (rather more than $\frac{2}{3}$ of cavity). below presents groove for Obturator Externus Tendon.		
		Internal Posterior	{	are smooth and broad <i>above</i> , narrow <i>below</i> , the Internal attaching part of Obturator Internus.		
Borders	{	Posterior	{	about centre—Spine of Ischium attaching	{	Gemellus Superior externally. Levator Ani and Coccygeus internally. Small Sacro-sciatic Lig. at tip. Gluteal Vessels and Nerve.
				above spine—Great Sacro-sciatic Notch transmitting Pyriformis with	{	Sciatic „ „ Nerves. Pudic(Int.), „ „ Nerve Nerves to { Obturator Internus. Gemelli and Quadratus.
Borders	{	Inferior Internal	{	below Spine—Small Sacro-sciatic Notch transmitting Obtur. Int. with	{	Nerve to Obturator Internus. Internal Pudic Vessels and Nerve.
				thick, continuous with Tuberosity. thin, forming posterior margin of Obturator Foramen.		

## Os Innominatum—continued.

Tuberosity	on outer lip—	{ Adductor Magnus, Quadratus Femoris,	on inner lip {	Transversus Perinei Erector Penis	{ with {	Ridge for Great Sacro-sciatic Lig. Groove for Int. Pudic Vessels.
	„ surface—	{ to upper and outer part „ lower „ inner „				Semi-membranosus. Biceps with Semi-tendinosus.
	„ upper part—	at junction with Body—Gemellus Inferior.				

Ramus,— see Pubes and Diagram.

## PUBES.

Extremities { outer, triangular, smooth and concave, entering into Acetabulum, forming  $\frac{1}{3}$  of Cavity.  
inner, oval, rough „ flat, „ „ Symphysis.

Surfaces { Superior { the posterior border forms Ilio-pectineal Line, continued outwards between Ilium and Ischium.  
on anterior border, near Symphysis,—Spine of Pubes, „ inwards to Symphysis as Crest of Pubes.  
near outer end, —Ilio-pectineal Eminence.  
at inner „ —Angle of Pubes (between Crest and Symphysis).  
intermediate surface, triangular in form, attaches Pectineus.

Inferior { externally, forms Obturator Groove. Internal, smooth, forming Anterior wall of Pelvis.  
internally, enters into Obturator Foramen. External, rough, for Muscular attachments.

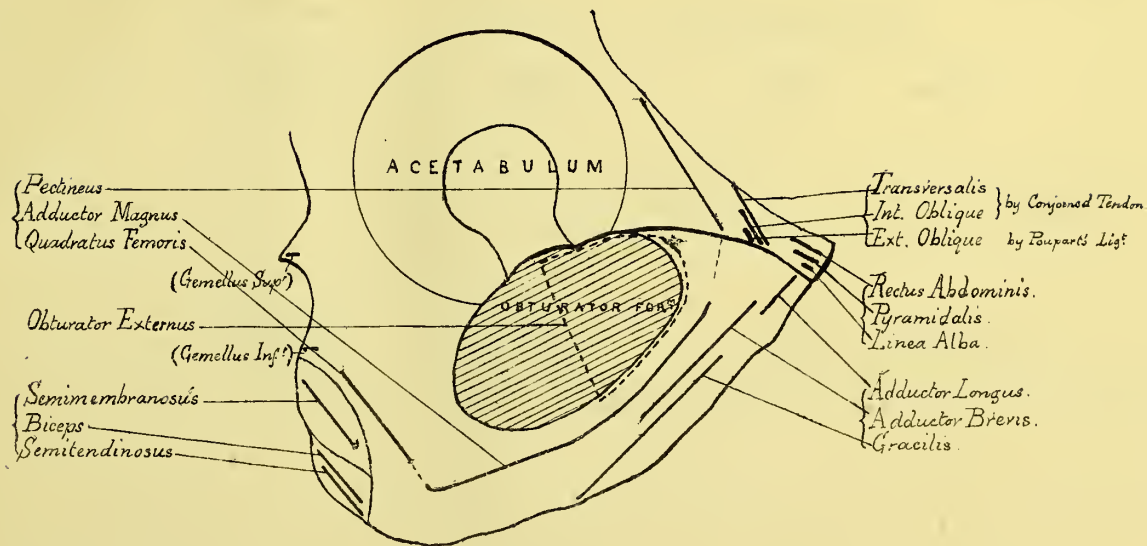
Muscles attached to Body of Pubes, and Rami of Pubes and Ischium.

Externally	{	{ To Crest of Pubes,	—Rectus Abdominis, Pyramidalis and Conjoined Tendon.
		{ „ Spine „ „ and Ilio-pectineal Line,	—External Oblique, Internal Oblique and Transversalis.
		{ „ Body „ „ below Crest,	—Adductor Longus.
		{ „ Ramus „ „ „	— „ Brevis.
		{ „ Rami „ „ and Ischium,	—Gracilis (to margin of Pubic Arch).
Internally	{	{ „ „ „ „ „ and Tuber Ischii,	—Adductor Magnus, on inner side of Obturator Foramen.
		{ „ Body „ „ (upper surface),	—Pectineus above „ „
		{ „ Tuber Ischii (outer „ ),	—Quadratus Femoris, below „ „
		{ „ Edge of Foramen (anterior half ),	—Obturator Externus, centrally over „ „
		{ „ „ „ „ (except above and in front) }	—Obturator Internus.

„ Body of Ischium ( „ below „ behind) }

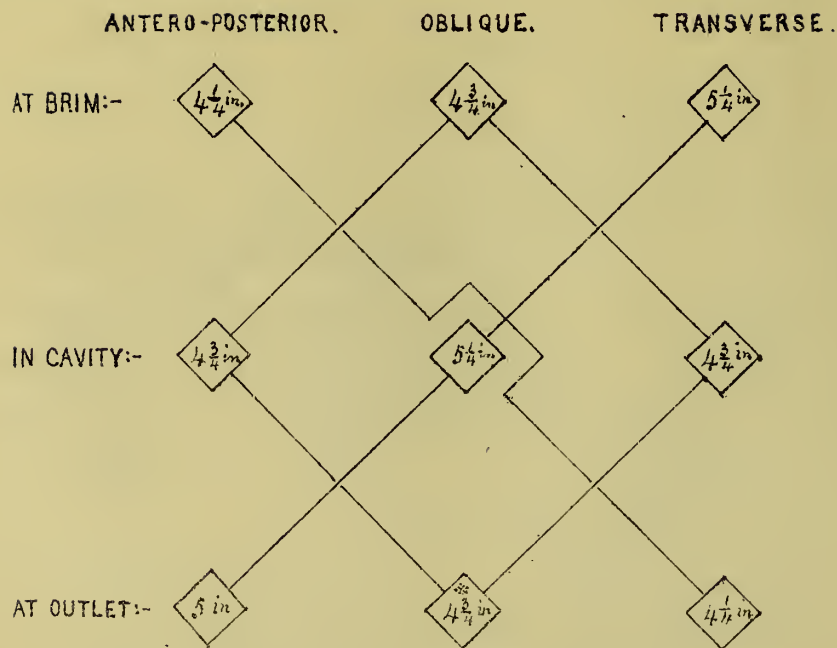
„ Rami of Pubes and Ischium, —Compressor Urethræ, Transversus Perinæi and Erector Penis.

# PUBES AND ISCHIUM, — EXTERNAL SURFACES.



The relative situations of the Muscular Attachments only are shown.

# DIAMETERS OF PELVIS.



*The Oblique Diameter at the Outlet is not usually described.*

{	Base of Sacrum	is situated	opposite a point taken 4 inches above Symphysis Pubis.
	Apex of Coccyx,	" "	" " " " $\frac{1}{2}$ inch below " "
	Axis of Inlet	corresponds	to a line drawn from middle of Coccyx to Umbilicus.
	" " Outlet	" "	" " " " Base of Sacrum at right angles to plane of Outlet.
Special Characters	{	in Male	<i>Bones</i> thick, strong and well marked.
			<i>Sacrum</i> more curved than in Female, Pubic Arch narrow.
			<i>Cavity</i> narrow and deep. Diameters less than in Female.
	{	" Female	<i>Bones</i> thinner, weaker and less marked than in Male.
			<i>Sacrum</i> less curved, Promontory less projecting, Coccyx more movable, Pubic Arch wider and everted.
			<i>Cavity</i> broader and shallower, Iliac being more apart, and Spines of Ischium less projecting.
	{	" Infant	<i>Bones</i> soft and semi-cartilaginous.
			<i>Sacrum</i> and Pubes narrow.
			<i>Cavity</i> very narrow, sides being almost parallel, Transverse diameter at brim the shortest.
Diameters,—	see Diagram.	The Diagram shows the average lengths of the three chief diameters at the Inlet, in the Cavity and at the Outlet in the Female. The lines indicate the diameters which are about equal in length.	

FEMUR.

## UPPER EXTREMITY.

<b>Head,</b>	—directed	forwards as well as upwards and inwards.
<b>Neck,</b>	—less oblique	in childhood, in old age and in the female.
<b>Great Trochanter,—Muscles attached</b>	{ on <i>Anterior Border</i> , <i>" Posterior "</i> <i>" Outer Surface</i> , <i>" Inner "</i> <i>" Upper Border</i> ,	{ to facet below (to Linea Quadrati) to Oblique Line <i>" Digital Fossa</i> <i>" two Facets</i>  Glutæus Minimus. Quadratus Femoris. Glutæus Medius. Obturator Externus. { Obturator Int. with Gemelli in front. Pyriformis behind.
<b>Small Trochanter,—</b>	{ <i>" Summit</i> to triangular space below and in front <i>" linear "</i> <i>" " " behind</i>	{ Psoas Magnus. Iliacus. Pectineus.
<b>Anterior Intertrochanteric Line</b>		runs in front between Trochanters, marked above by Tubercle of Femur.
<b>Posterior                 "</b>		<i>" behind " " " at middle "</i> , Quadrate Tubercle.
<b>Spiral         Line</b>		<i>" from middle of Ant. Intertroch. Line to Line between Small Troch. and Linea Aspera.</i>
<b>Quadrate         "</b>		<i>" " " Post. " " vertically downwards for two inches.</i>

The Spiral Line above described is commonly called the Anterior Intertrochanteric, and this latter, as indicated above, is unrecognised.

SHAFT.

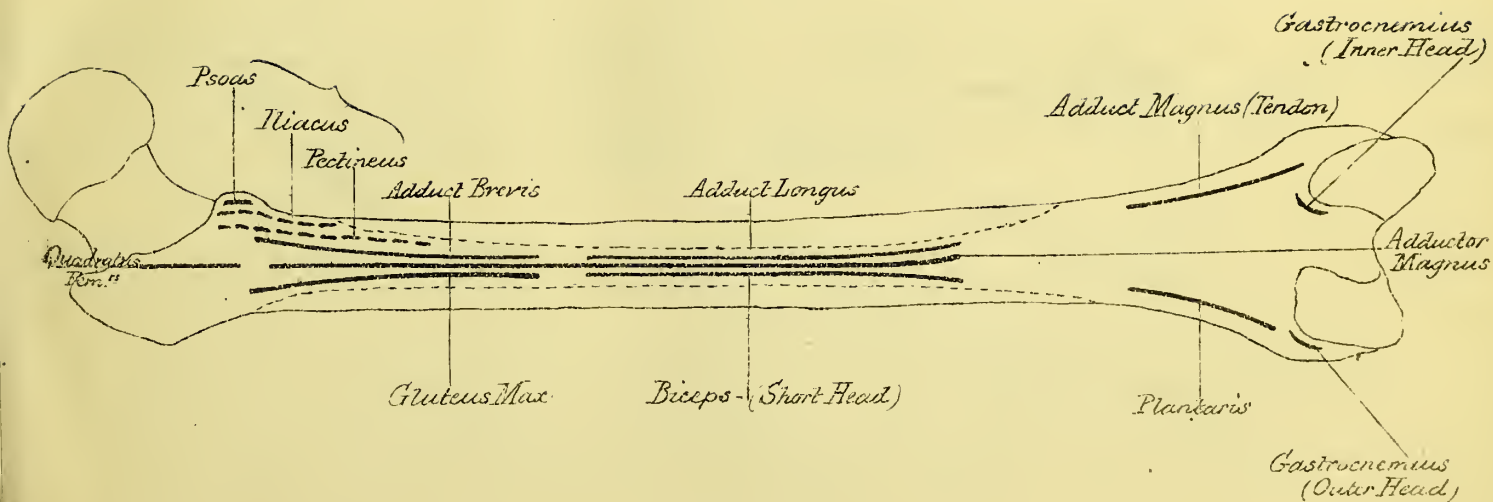
<b>Borders</b>	{	<b>External</b>	from Great Trochanter to Anterior part of	External Condyle.
		<b>Internal</b>	" Small " " "	Internal
		<b>Posterior (Linea Aspera)</b>	begins above by two lines, one from the back of each	Trochanter.
		ends below	" " " to "	" Condyle.

The inner root of the Linea Aspera above is by some said to pass into, not the Small Trochanter, but the Spiral Line. For Muscles attached to Linea Aspera, etc., see Diagram.

<b>Surfaces</b>	{	External, smooth and convex, attaching	Cruræus.
		Internal, " " " "	Vastus Internus.
		Anterior, " " " "	Cruræus and Subcruræus.

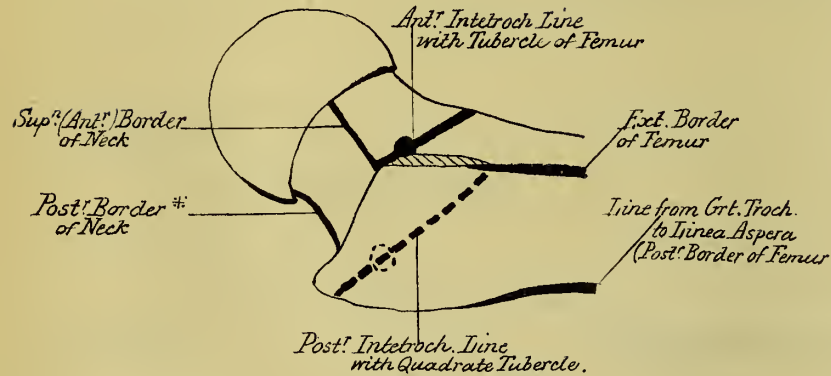
# FEMUR.

## MUSCLES ON POSTERIOR ASPECT.



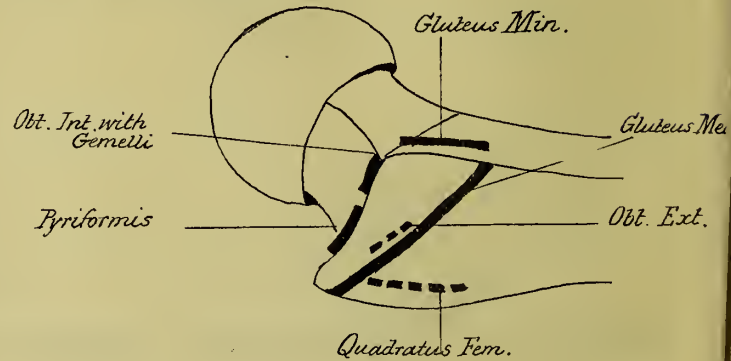
# GREAT TROCHANTER.

## LINES LEADING FROM IT.



<sup>†</sup> This Border is not always described.

## MUSCLES ATTACHED ROUND IT.



## LOWER EXTREMITY.

External Condyle	{	is more prominent than the Internal, in front.	
		presents <i>circumferentially</i> a broad, articular surface, of which the axis runs directly backwards.	
		„ externally, External Tuberosity and 3 Depressions         {         one above for Gastrocnemius (outer head). „ in middle „ External Lateral Ligament. „ below „ Popliteus.	
Internal Condyle	{	is more prominent than the External both below and internally.	
		presents <i>circumferentially</i> a narrower articular surface than the External, of which the axis is directed first inwards, then backwards.	
		„ internally, Internal Tuberosity for Internal Lateral Ligament.	
		„ above and behind,         {         externally, a depression for the Gastrocnemius (inner head). internally, a tubercle „ Adductor Magnus tendon.	
The articular surfaces of the Condyles are continuous in <i>front</i> , presenting trochlear surface for Patella.			
„ „ „	„	„ separated behind by the Intercondyloid Notch.	
„ „ surface	„	Internal Condyle presents below, on its outer edge, a small facet for the Patella in extreme flexion.	
„ „ „	„	External „ is prolonged in <i>front</i> , further upwards than that of the Internal.	
„ contiguous surfaces	„	Condyles attach         {         Anterior Crucial Ligament (to External Condyle). Posterior „ „ („ Internal „ „).	

## PATELLA.

Anterior Surface	{	edge bevelled above and on sides for Tendon of Quadriceps Extensor.		
		„ „ below	„	Ligamentum Patellæ.
Posterior Surface	{	in <i>upper three-quarters</i> presenting oval articular facet		{ subdivided by a vertical ridge into two divisions. marked along lower edge by narrow facet. „ „ inner „ „ „ „ attaching Ligamentum Patella near tip.
		in <i>lower quarter</i>	„ rough surface	
		Of the Articular Surface	{	the two divisions* are for the Condyles of the Femur in flexion.
			{	„ narrow facet below „ „ in extreme extension.
			{	„ „ „ internally „ Internal Condyle „ „ flexion.

\* The External is the larger.

UPPER EXTREMITY is expanded laterally into two Tuberosities.

The Tuberosities are { continuous *in front* forming triangular surface prolonged below into *Tubercle*.  
separated *behind* by *Popliteal Notch*.  
" above " rough depressions in front and behind the *Spine*.

The *External* is { above articular for External Condyle of Femur. Surface is nearly circular and flattened.  
behind " " Head of Fibula by small facet. " " " " "

The *Internal* is { above " " Internal Condyle of Femur. " " oval and concave.  
behind grooved " insertion of Semi-membranosus.

Intermediately { for attachment of Internal Semilunar Cartilage—anterior end.  
above " " " Anterior Crucial Ligament.  
are 7 points { " " " " External Semilunar Cartilage— " "  
from before back { Spine of Tibia.  
for attachment " " " " —posterior "  
" " " Internal " " "  
" " " Posterior Crucial Ligament.

The extremities of the External Cartilage are fixed immediately in front and behind the Spine.  
" " " Internal " alternate with those of the Crucial Ligaments.

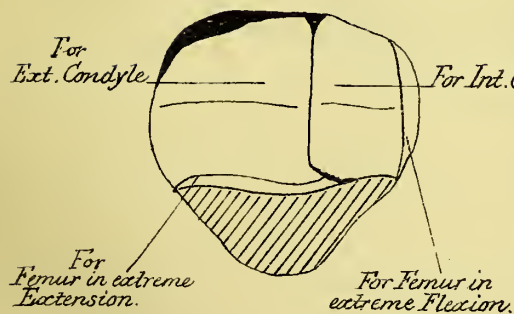
## SHAFT.

Borders { Anterior,—from Tubercle to anterior border of Internal Malleolus.  
Internal,— " back of Internal Tuberosity " posterior " " "  
External,— " " External " " borders of surface for Fibula (bifurcating below).

Surfaces { External { concave above for origin of Tibialis Anticus.  
convex below,—crossed by tendons of Extensors.  
Internal { convex above,—attaching Sartorius, Gracilis and Semitendinosus.  
" below,—subcutaneous.  
Posterior flattened { presents Oblique Line with { Vertical Line running down from it.  
attaches { Popliteus above { Oblique Line.  
Soleus to {  
Flex. Longus Digitorum, internal to { Vertical "  
Tibialis Posticus external " }

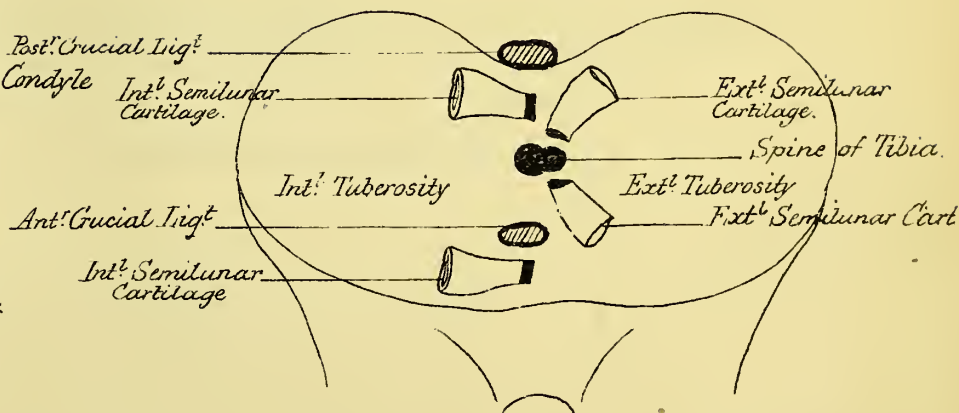
# PATELLA.

ARTICULAR SURFACE.



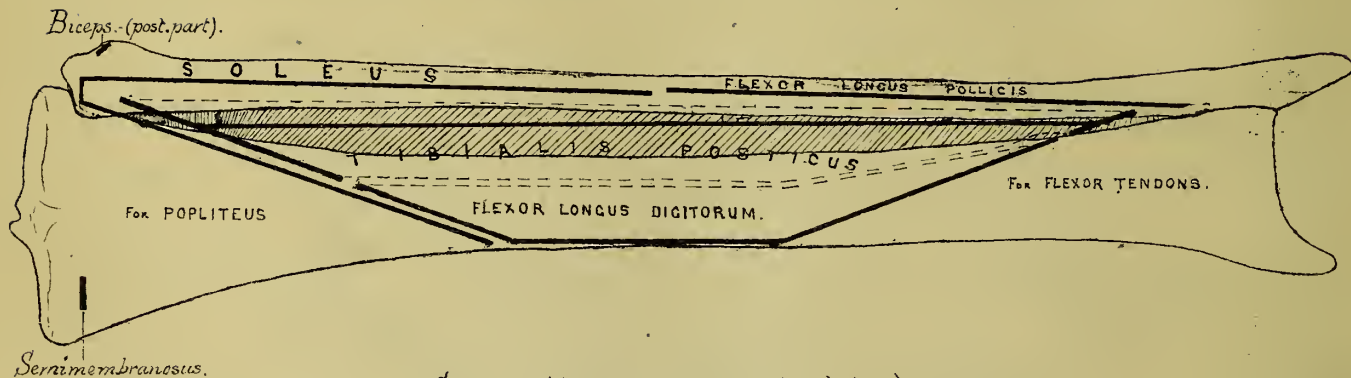
# TIBIA.

UPPER SURFACE OF HEAD.



# TIBIA AND FIBULA.

## MUSCULAR ATTACHMENTS ON POSTERIOR ASPECT.



( Compare with Text on pages 38 and 40. )



## FIBULA.

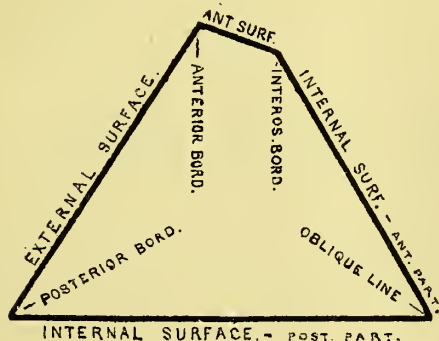
HEAD	presents	{	rough impression	externally	for Biceps, and for Long External Lateral Ligament.	
		{	” ”	posteriorly	” Soleus and Posterior Tibio-fibular Ligament.	
		{	” ”	anteriorly	” Peroneus Longus and Ant. ” ”	
		{	prolonged upwards articular	behind above	into Styloid Process for Short External Lateral Ligament. for Tibia,—Facet looks upwards and inwards.	
LOWER EXTRE- MITY	{	External Surface	subcutaneous,	attaching Middle Fasciculus of Ext. Lateral Ligament below.		
	{	Internal ”	articular in front for Astragalus,	” Posterior ” ” ” ” ” behind.		
External Malle- olus.	{	Anterior Border	rough	” Anterior ” ” ” ” ”		
	{	Posterior ”	grooved	for Peroneus Brevis and Peroneus Longus tendons.		
SHAFT.						
Borders	{	Anterior	from front of head, bifurcating below to enclose outer surface of Malleolus.			
		Internal (Interosseous)	”	”	” ” ” ” inner ” ” ”	
		Posterior	”	Styloid Process	” posterior border ” ”	
		Oblique Line	”	inner side of Head to join Internal Border in its lower half.	”	
Surfaces	{	Internal (in post. part)	{	in upper $\frac{1}{2}$	attaches Soleus.	
			{	” lower ”	” Flexor Longus Pollicis.	
	{	External	{	” upper $\frac{2}{3}$	” Peroneus Longus.	
			{	” lower ”	” Brevis.	
	{	Anterior (in outer part)	{	” upper $\frac{3}{4}$	” Extensor Longus Digitorum.	
			{	” lower $\frac{1}{4}$	” Peroneus Tertius.	
	{	” (in inner part)	” middle $\frac{4}{5}$	”	Extensor Proprius Pollicis.	} on opposite sides of Interosseous Mem- brane.
		Internal (in anter. part)	” ” ”	”	Tibialis Posticus.	

} on opposite sides of Interosseous Mem-  
brane.

When the Fibula is held with its anterior surface directed towards the observer, the three borders and the oblique line are all in view (see Diagram).

## FIBULA.

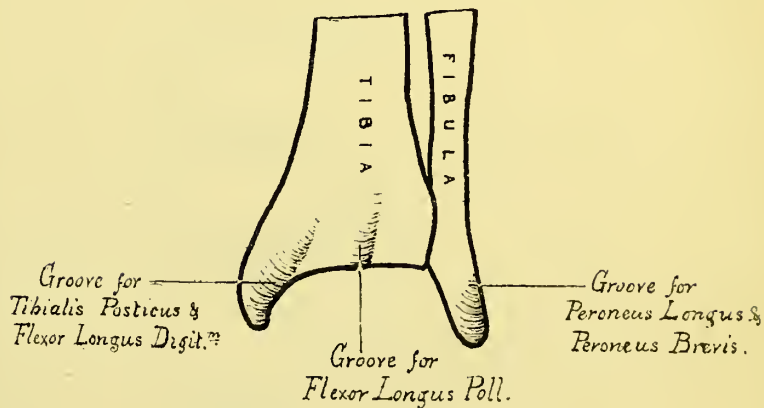
TRANSVERSE SECTION. ABOUT MIDDLE.



(For Muscles attached see p 40.)

## TIBIA AND FIBULA.

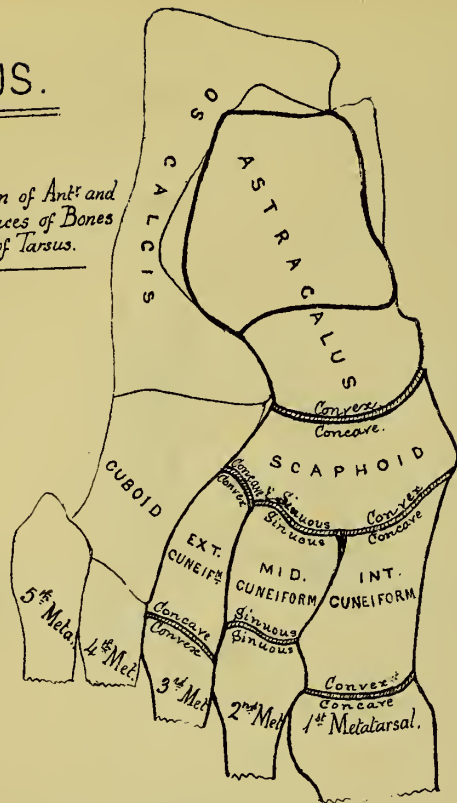
GROOVES ON LOWER EXTREMITIES.



(See page 39.)

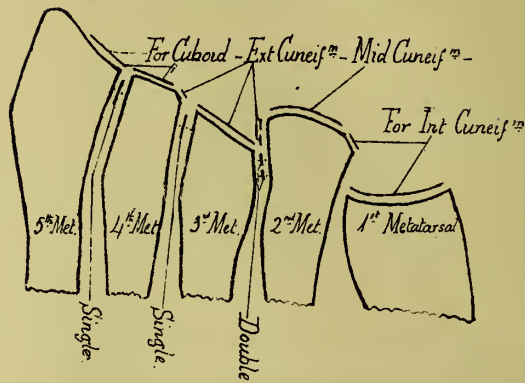
# TARSUS.

To show correlation of Ant<sup>r</sup> and Post<sup>r</sup> Surfaces of Bones of Inner portion of Tarsus.



# METATARSUS.

To show articular facets on Bases.



Superior Surface	<div> <div> <i>posteriorly,</i>  <i>in middle,</i>  <i>anteriorly,</i> </div> <div> concave, for fat under Tendo Achillis.  presenting two facets for Astragalus  rough for Ligaments, etc. (superior surface of Greater Process). </div> </div>	<div> <div> external,—large, convex, looking forward and upward.  internal,—small, concave (upper surface of Lesser Process).  separated by rough groove for Interosseous Ligament. </div> </div>
Inferior	<div> <div> <i>posteriorly,</i>  <i>intermediately,</i>  <i>anteriorly,</i> </div> <div> presenting two Tubercles for origins of  rough for  presenting Tubercle for </div> </div>	<div> <div> Abductor Pollicis.  Minimi Digiti.  Flexor Brevis Digitorum.  Long Plantar Ligament.  Outer head of Accessorius.  Short Plantar Ligament. </div> </div>
External	<div> <div> <i>above,</i>  <i>intermediately,</i>  <i>in front of tubercle,</i> </div> <div> rough for  presenting tubercle for  two Grooves </div> </div>	<div> <div> Calcaneo-astragaloid  External Lateral  Peroneus Brevis  Longus </div> <div> tendons.  (middle part). </div> </div>
Internal	<div> <div> <i>below,</i>  <i>above,</i>  <i>beneath Lesser Process,</i> </div> <div> smooth and concave for Flexor tendons and vessels,—attaching Accessorius (inner head).  presenting Lesser Process (Sustentaculum Tali).  —grooved for </div> </div>	<div> <div> Flexor Longus Pollicis tendon. </div> </div>
Anterior	<div> <div> <i>concavo-convex,</i>  <i>overhung by tubercle at upper and outer part.</i> </div> </div>	
Posterior	<div> <div> <i>convex</i> </div> <div> rough below for  smooth above, bursa under </div> </div>	<div> <div> Tendo Achillis.  </div></div>

## ASTRAGALUS.

Superior Surface	{ <i>posteriorly,</i> <i>intermediately,</i> <i>anteriorly,</i>	rough for posterior part of External Lateral Ligament. smooth, forming trochlear surface for Tibia, wider in front than behind. rough for Anterior Ligament of Ankle.
Inferior	„ { <i>posteriorly and externally</i> <i>anteriorly and internally</i> <i>intermediately</i>	presents large, concave facet for Os Calcis. „ small, convex „ „ „ „ and Calcaneo-scaphoid Ligament. „ groove for Interosseous Ligament.
External	„ { <i>behind</i> <i>in front</i>	„ triangular facet, base upwards for External Malleolus.* „ rough impression for External Lateral Ligament (anterior part).
Internal	„ { <i>above</i> <i>below</i>	„ pear-shaped facet, base forwards for Internal Malleolus. „ rough impression for Internal Lateral Ligament (middle part).
Posterior	„	grooved for Flexor Longus Pollicis tendon.
Anterior	„	convex, articular for Scaphoid, continuous with smaller facet on Inferior Surface.

\* The facet for the External Malleolus is larger and more posterior than that for the Internal Malleolus.

## CUBOID.

Superior Surface	rough for Ligaments.		
External	„	notched by Peroneal Groove	} non-articular.
Inferior	„ { „ „ „ „	presenting in front groove for Peroneus Longus tendon behind ridge for Long and Short Plantar Ligaments	
Posterior	„	triangular, sinuous,	wholly articular for Os Calcis.
Anterior	„	„ subdivided by vertical ridge	„ „ „ 4th and 5th Metatarsal Bones.
Internal	„	quadrilateral { above, presenting articular facet for External Cuneiform (and sometimes Scaphoid). below, rough for Interosseous Ligaments.	

Scaphoid {		Posterior Surface,	concave and articular for Astragalus,						
		Anterior    ,,	presenting three facets for the Cuneiform Bones.						
{	Facets on Anterior	Surface of Scaphoid—	Internal <i>convex</i> , — Middle <i>sinuous</i> , — External <i>concave</i> .						
	„ „ „	Surfaces „, Cuneiform Bones,	—On	„	—On	„	—On	„	„
	„ „ „ Posterior	„ „ „	— „	„ <i>concave</i> ,	— „	„	— „	„	„ <i>convex</i> .
{	„ „ „ (Sup.)	„ „ „ 1st, 2nd and 3rd Metatarsals,	— „	1st	„	2nd	„	3rd	„
{	Internal	Surface of Scaphoid	{ tubercular for insertion of Muscles,						
{	Internal	„ „ Internal Cuneiform							
{	External	„ „ „ „	faceted along both superior and posterior border for				{ 2nd Metatarsal in front.		
							{ Middle Cuneiform behind.		
	Internal	„ „ External	„	„	„	„	{ 2nd Metatarsal in front.		
			„	„	„	„	{ Middle Cuneiform behind.		
{	External	„ „ Middle	„	{ correspond to surfaces of Internal and External Cuneiform contiguous to them.					
{	Internal	„ „ „ „							
	External	„ „ External	„	faceted in front and behind for			{ 4th Metatarsal in front.		
							{ Cuboid       behind.		
	External	„ „ Scaphoid	{ rough for Ligaments.						
	Sup. and Inf. Surfaces	„ „ all the Cuneiform							

## METATARSALS.

First, —	Shortest.	Base having concave	tarsal facet, but no lateral facets.		
Second,—	Longest	,,    ,,    sinucus	,,    ,,    and	{ internally, single facet for	Internal Cuneiform.
				{ externally, 2 double facets	{ 3rd Metatarsal in front.
					{ External Cuneiform behind.
Third, —		,,    ,,    convex	,,    ,,    ,,	{ internally, double facet	2nd Metatarsal.
				{ externally, single    ,,    ,,	4th       ,,    ,,
				{ internally, double    ,,    ,,	{ 3rd       ,,    in front.
Fourth,—		,,    ,,    quadrilateral	,,    ,,    ,,	{ externally, single    ,,    ,,	{ External Cuneiform behind.
				{ internally,    ,,    ,,    ,,	5th Metatarsal.
Fifth, —		,,    ,,    triangular	,,    ,,    ,,	{ externally tubercular for insertion of	4th       ,,    ,,
					Muscles.

The **PHALANGES** resemble those of the Hand, but those of the second row are very small and short.

# OSSIFICATION OF BONES.

**Vertebræ,** —each by *nine* Centres.

3 <i>Primary</i>	{ One for right Lamina, " " left " " " Body, "	appearing at 6th to 8th week " " 8th week "	} uniting in 1st year	{ uniting in 3rd year	} uniting in 30th year.
4 <i>Secondary</i>	{ Two " each Transverse Process " " the Spinous Process }	" " 16th to 18th year			
2 <i>Additional,</i>	—for Superior and Inferior Surfaces of Body,	" " 20th year			

**Atlas,** —by *three* Centres.

3 <i>Primary</i>	{ One for right Lateral Mass, " " left " " " Anterior Arch "	appearing before birth " " in 1st year	} uniting in 3rd year	{ united by 6th year
------------------	--	---	-----------------------	----------------------

**Axis,** —by *six* Centres.

3 <i>Primary</i>	{ One for each Lateral Mass " " Body	" early in fœtal life " 6th month	} uniting in 1st to 2nd year	} uniting in 3rd year
3 <i>Special</i>	{ Two " Base of Odontoid Process One " Apex " " "	" 6th month " " "	} "	

**Seventh Cervical,**—centres as in other *Vertebræ*, with, in addition,  
Two *Special* Centres, one for anterior part of each Transverse Process appearing in 6th month and uniting in 6th year.

**Lumbar *Vertebræ*,**—centres as in other *Vertebræ*, with, in addition,  
Two *Special* Centres, one for each Mamillary Process.

**Sacrum,** —by *thirty-five* Centres.

15 <i>Primary</i>	{ One for each Body, " " " Lamina,	appearing at 8th week " " 6th to 8th month	} uniting from 2nd to 6th year	} ossification completed from 18th to 30th year.
6 <i>Secondary,</i>	— " " " Lateral Mass of each of the first three pieces	" " 6th to 8th month		
14 <i>Additional</i>	{ One for each Sup. and Inf. Surface of Body, Two " " Lateral Margin of Sacrum,	" " 18th to 20th year		

## OSSIFICATION.

*In the following Tables the Numbers which are printed in block type in the Text are given apart from their context, in order that their correlation may be the better seen.-*

	<u>CENTRES.</u>		<u>UNION.</u>	
<u>VERTEBRÆ</u>	$\left\{ \begin{array}{l} 6w - 8w \\ 16y - 18y \\ \quad 20y \end{array} \right.$	1y	3y	30y

<u>ATLAS.</u>	1y	3y	6y
<u>AXIS.</u>	6m	1y	3y

<u>SACRUM.</u>	$\left\{ \begin{array}{l} 8w \\ 8 \\ 8 \end{array} \right\} m$ 18y	2-6y	18y - 20y
----------------	---	------	-----------

## CENTRES.

## UNION.

COCCYX.

$$\left\{ \begin{array}{l} 5 \text{ — } 10 \text{ } ^{1y} \\ 10 \text{ — } 15 \text{ } ^y \\ 15 \text{ — } 20 \text{ } ^y \end{array} \right.$$

$$\left. \begin{array}{l} \} \\ \} \end{array} \right\} -$$

---

## BONES OF SKULL.

OCCIPITAL.

$$\left\{ \begin{array}{l} 1 \text{ — } 2 \text{ } ^m \\ 2 \text{ — } 3 \text{ } ^m \\ 3 \text{ — } 4 \text{ } ^m \end{array} \right.$$

$$\left. \begin{array}{l} \} \\ \} \end{array} \right\} 4 \text{ } ^y \} 6 \text{ } ^y$$

---

SPHENOID.

$$\left\{ \begin{array}{l} 2 \text{ } ^m \\ 2 \text{ — } 3 \text{ } ^m \\ 3 \text{ } ^m \\ 4 \text{ — } 5 \text{ } ^m \\ 3 \text{ } ^y \end{array} \right.$$

$$\left. \begin{array}{l} \} \\ \} \end{array} \right\} -$$

<b>Coccyx,</b>	—by <i>four</i> Centres.			
<b>4 Primary</b>	{	In first Piece, about birth	{ unite first	} unite last of all.
		„ second „ from 5th to 10th year		
		„ third „ „ 10th „ 15th „	{ „ next	
		„ fourth „ „ 15th „ 20th „		
<b>Occipital (Four Centres)</b>	{	One for Occipital part, formed in membrane, about 1st or 2nd month, unites with Condylod part about 4th year.	}	Occipital and Condylod parts about 6th year. Sphenoid from 20th to 25th yr.
		„ „ each Condylod „ „ „ cartilage, „ 2nd „ 3rd „		
		„ „ Basilar „ „ „ „ „ 3rd „ 4th „ „ „		
		The Occipital „ „		
<b>Parietal (One Centre)</b>		„ „ membrane „	6th week.	
<b>Frontal (Two Centres)</b>	One for each lateral half,	„	„ „	uniting shortly after birth.
<b>Temporal (Four Centres)</b>	{	One for Squamous and Zygomatic Parts, appearing first (about 8th week)	}	uniting about 1st year.
		„ „ Auditory Part „ next after Squamous		
		„ „ Petrous and Mastoid Parts „ „ Auditory		
		„ „ Styloid Process „ last		
<b>Sphenoid, Ten Centres (Five on each side)</b>	{	One for Great Wing and External Pterygoid Plate—at 2nd month	}	uniting about middle of foetal life.
		„ „ Internal Pterygoid Plate —„ 2nd—3rd „		
		„ „ Lesser Wing and Body anteriorly —„ 3rd „		
		„ „ Body posteriorly —„ 4th—5th „		
		„ „ Sphenoidal Turbinate Bone —„ 3rd year „		
<b>Ethmoid (Three Centres)</b>	{	One for perpendicular plate, appearing about 4th or 5th month (middle of foetal life).	}	(shortly after birth).
		„ „ each lateral mass „ „ 1st year		
<b>Sup. Maxillary (Four Centres)</b>	{	One for Nasal and Facial Parts	}	appearing early in foetal life.
		„ „ Orbital „ Malar „		
		„ „ Incisive Part		
		„ „ Palatine Process, less the Incisive Part		

Ossification of Bones—*continued*.

Palate,	By one Centre, appearing about 8th week.				
Malar,	"	"	"	"	"
Lachrymal,	"	"	"	"	"
Nasal,	"	"	"	"	"
Inferior Turbinate bone	{	"	"	"	" middle of foetal life.
Vomer,		"	"	"	"
Inferior Maxilla,	"	"	"	"	" two lateral centres, separated by a plate of cartilage, appearing about 8th week—uniting after puberty.
Hyoid Bone ( <i>Five</i> Centres)	{	One for Body	appearing before birth.		
		" " each Great Cornu	"	"	" shortly after birth.
		" " Small Cornu	"	"	" shortly after birth.
Sternum ( <i>Six</i> Centres)	{	One for 1st piece	appearing	about 5th to 6th month.	{ } {

## CENTRES.

STERNUM.

{ 5 — 6 *m*  
6 — 7 *m*  
7 — 8 *m*  
8 — 9 *m*  
1 — 2 *y*  
2 — 18 *y*

## UNION.

{ { { { { —  
35 — 40 *y*  
25 — 20 *y*  
15 — 20 *y*

CLAVICLE.

{ 5 *w*  
20 *y*

} 25 *y*.

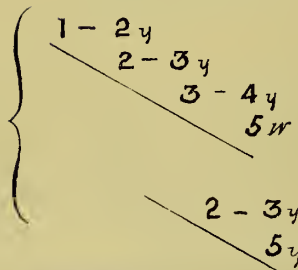
SCAPULA.

{ 8 *w*  
1 *y*  
15 *y*  
15 — 16 *y*  
17 *y*

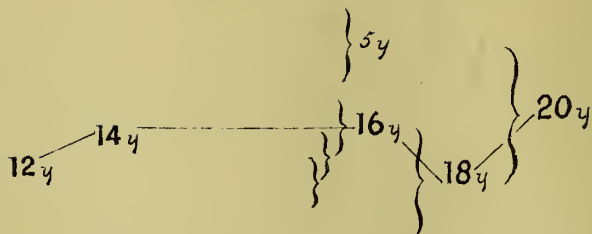
} { 15 *y*  
22 — 25 *y*

HUMERUS.

CENTRES.

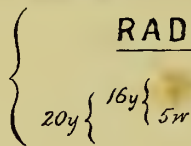


UNION.



BONES OF FOREARM.

RADIUS.



5y

2y

ULNA.

10y

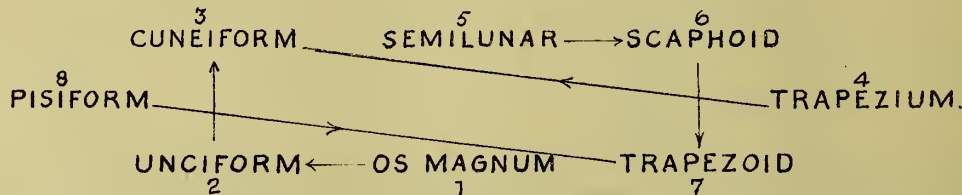
4y

5w

16y

20y

CARPUS.



<b>Humerus</b> ( <i>Seven or Eight Centres</i> )	Head	appearing 1st—2nd year	}	uniting at 5th year	}	uniting at 20th year.
	Great Tuberosity	" 2nd—3rd year				
	Small "	" (sometimes) (3rd—4th year)				
	Shaft	" 5th week	}	uniting at 16th year		
	External Condyle	" 13th—14th year				
	Trochlea	" 12th year				
	Capitellum	" 2nd—3rd year	}	" at 18th "		
	Internal Condyle	" 5th "				

Note that the dates at the upper part and lower part of the table are similar, whilst those intermediately correspond to the even numbers from twelve to twenty.

	<b>Radius.</b>			<b>Ulna.</b>		
Uniting at 16th year	{	5th year	—	Upper Extremity	—	10th year
" " 20th year	{	5th week	—	Shaft	—	5th week
		2nd year	—	Lower Extremity	—	4th year
						{ uniting at 16th year.
						{ " " 20th year.

Compare the Radius and Ulna with the Tibia and Fibula in regard to Ossification.

### Carpus

Os Magnum	{	in 1st year	—	Cuneiform in 3rd year	—	Trapezium	{	in 5th year.
Unciform						Semilunar		
Scaphoid		in 6th year	—	Trapezoid in 8th year	—	Pisiform		from 10th to 12th year.

Note that the first bone to ossify is the central bone of the Carpus—the Os Magnum; and that the second is its neighbour, the Unciform—both in the first year; that the third bone to ossify, ossifies in the third year; the fourth and fifth in the fifth, and the sixth in the sixth year. Note also the order as shown in the Diagram, and the sequence of the numbers.

<b>Metacarpus</b>	{	One Centre for Shaft	appearing	about 6th week	{	uniting at 20th year.
		" " " Head	"	" 3rd year		
<b>Phalanges</b>	{	" " " Shaft	"	" 1st to 2nd month	{	" at 20th year.
		" " " Base	{ in bones of 1st row,	" 3rd " 4th year		
			" " " 2nd and 3rd rows,	" 4th " 5th "		

Ossification of Bones—*continued.*

<b>Os Innominatum</b> <i>(Eight Centres)</i>	One for Ilium	appearing about 1st or 2nd month	{ (Rami join at 7th year) }	uniting at puberty.	
	" " Ischium	" " 3rd			" "
	" " Pubes	" " 4th or 5th			" "
	" " Crest of Ilium	} appearing at puberty	" with other parts by 25th year		
	" " Anterior Inferior Spine				
	" " Symphysis Pubes				
	" " Tuber Ischii				
	" " Y-shaped piece in Acetabulum				

**Femur**

Lower Extremity	appearing just before birth (beginning of 1st year)	{ }	uniting at 20th year.
Head	" end of 1st year ( " " 2nd " )		
Great Trochanter	" " 4th "		
Shaft	" 5th week—ossifying next after Clavicle		
Small Trochanter	" at puberty		

**Patella**

appearing about 3rd year.

	<b>Tibia.</b>			<b>Fibula.</b>	
Uniting at 25th year	{ At birth—(1st year) —	Upper Extremity	—	4th year	{ uniting at 25th year.
" " 20th year	{ 5th week —	Shaft	—	5th week	
	{ 2nd year —	Lower Extremity	—	2nd year	

**Tarsus**

Astragalus	— 6th month.	External Cuneiform	— 1st year.
Calcaneum	— 7th "	Internal " "	— 3rd "
Cuboid	— 9th " (8)	Middle " "	— 4th "
Scaphoid	— 4th to 5th year.		
Tubercle on Os Calcis	— 10th "		

Compare with the Carpus, and see Diagram.

**Metatarsus and Phalanges.**

These Bones ossify similarly to, but a little later than the corresponding Bones in the Hand, the first Metatarsal is like a Phalanx in development.

**N.B.**—*The numbers printed in Block Type have in each case some relation to one another.*

## CENTRES.

## UNION.

OS INNOMINATUM.	CENTRES.	UNION.
	$\left\{ \begin{array}{l} 1-2m \\ 3m \\ 4-5m \\ 14-15y \end{array} \right.$	$\left\{ \begin{array}{l} 14-15y \\ 20-25y \end{array} \right.$

## FEMUR.

CENTRES.	UNION.
$\left\{ \begin{array}{l} 1y \\ 2y \\ 4y \\ 5w \\ 14-15y \end{array} \right.$	$\left\{ \begin{array}{l} 20y \\ 18y \end{array} \right.$

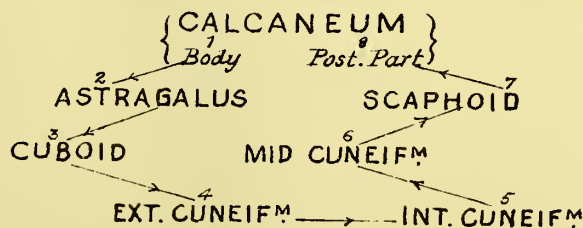
## BONES OF LEG:-

## TIBIA.

## FIBULA.

CENTRES.	UNION.
$\left\{ \begin{array}{l} 25y \\ 20y \end{array} \right\} \left\{ \begin{array}{l} 5w \\ 1y \\ 2y \end{array} \right.$	$\left\{ \begin{array}{l} 4y \\ 2y \end{array} \right\} \left\{ \begin{array}{l} 5w \\ 20y \end{array} \right\} 25y$

## TARSUS:-



In the Table on p.48 the Astragalus and Calcaneum have been transposed. The centre for the Calcaneum appears in the 6<sup>th</sup> month, and that for the Astragalus in the 7<sup>th</sup>.



# L I G A M E N T S .





## OCCIPITO-AXOID LIGAMENTS.

*Four* in number, lying superposed in the Spinal Canal, over the posterior surface of the Odontoid Process.

Post. Common, Occipito-axoid,	—broad, attached <i>below</i> to Body of Axis	(lower border of posterior surface).
	—cord-like " " " " "	(upper part " " " " ).
Transverse,	—cruciform " { laterally " Atlas " "	(to Tubercles on Lateral Masses ), by transverse part.
	" { <i>below</i> " Odontoid Process	{ " root), " vertical "
Odontoid,	—triple " " " " "	{ " apex), " central fasciculus.
		{ " sides of apex), " 2 lateral fasciculi.

*Above* all four are attached to the Basilar Process and the margin of the Foramen Magnum, the lateral Odontoid bands being fixed to special depressions on the sides of the Foramen.

The Transverse Ligament is separated from the facet on the posterior surface of the Odontoid Process by a synovial membrane. It also aids in uniting the Atlas and Axis.

## VERTEBRO-COSTAL LIGAMENTS.

A Rib articulates { by its Head with the Bodies of two contiguous Dorsal Vertebrae and the intermediate Intervertebral Disc.  
 { " " Tubercle " " extremity of the Transverse Process of the lower of the two Vertebrae.  
 In each joint it is retained by *three* Ligaments.

## LIGAMENTS UNITING HEADS OF RIBS AND VERTEBRÆ.

Stellate,*	—triple, attached exter. to front of Head of Rib, and inter. to Intervertebral Disc and Bodies of contiguous Vertebrae.
Interarticular,*	—short " " " ridge on " " " " " " "
Capsular,	—thin and loose, surrounding joint.

## LIGAMENTS UNITING RIBS AND TRANSVERSE PROCESSES OF VERTEBRÆ.

Ant. Costo-transverse	—broad, strong, attached to upper border of Neck of Rib, and to lower border of Transverse Process above.
Middle "	—short " " " posterior surface " " " " " anterior surface " " " adjacent.
Posterior "	— " " " " non-articular part, Tubercle, " " " apex " " " " "

The Anterior Ligament is deficient in the case of the 1st Rib.

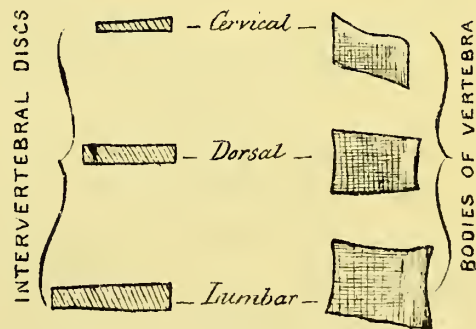
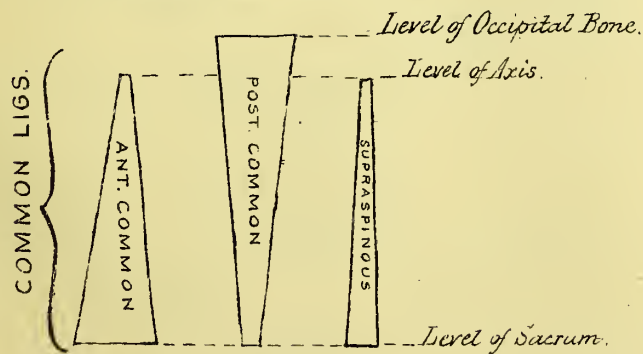
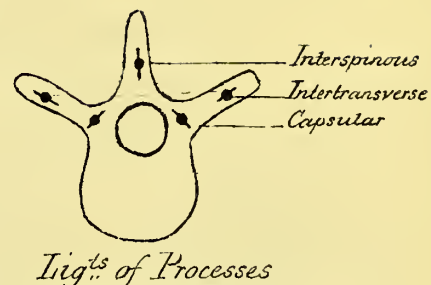
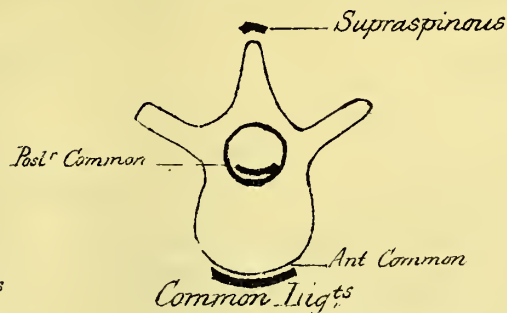
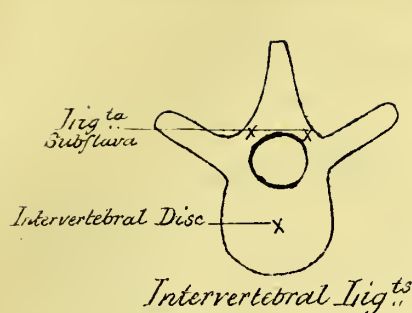
The Middle and Posterior Ligaments are " " " " 11th "

All three Ligaments " " " " 12th "

A *Capsular* Ligament is also described as surrounding the Joint.

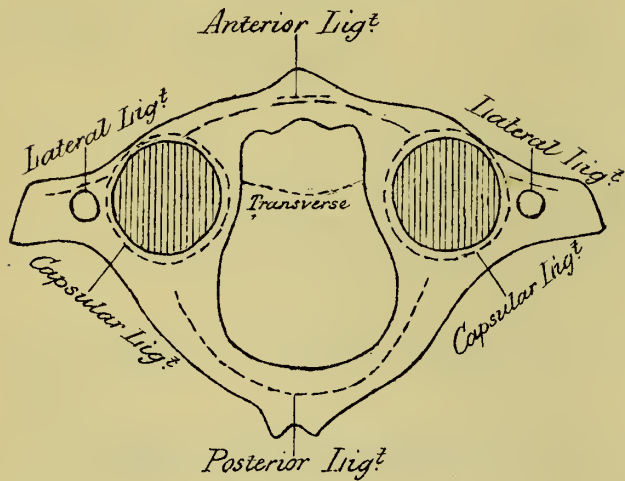
\* In the case of those Joints in which the Rib articulates with one Vertebra only, the *Stellate Ligament* consists of but two parts (one connected with the articulating Vertebra, the other with the Vertebra above), and the *Interarticular Ligament* is absent.

# LIGAMENTS OF VERTEBRÆ.



## ATLO-AXOID LIGAMENTS.

ATLAS... *Under Surface.*



*Lateral  
Capsular*

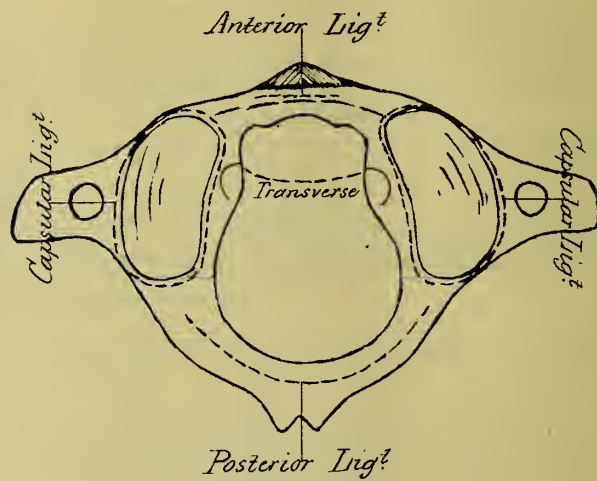
Anterior

Isilateral  
Capsular

Posterior

## OCCIPITO-ATLOID LIGAMENTS.

ATLAS—Upper Surface.



Capsular

Anterior

Capsular

*Posterior*

**Anterior,** —like Stellate, radiating over Sternum from front of Cartilage.

**Posterior,** — “ “ “ “ back “ “

**Capsular,** —very thin, surrounding the Joint.

**Synovial Cavities —**

The 1st Cartilage

is continuous with the Sternum *without* intervening Cavity.

“ 2nd “ articulates “ “ “ by a *double* Joint, with Interarticular Cartilage.

“ Cartilages from the 3rd to the 7th articulate “ “ “ “ *single* Joints, without “ “

The 3rd Articulation is sometimes double.  
In old age the Synovial cavities disappear.

The **Costo-xiphoid** Ligament unites the 7th Costal Cartilage with the Xiphoid Cartilage anteriorly.

## INTERCHONDRAL AND STERNAL LIGAMENTS.

The Cartilages of the last true Rib (the 7th) and of the Ribs on either side of it (the 6th and 8th) articulate with each other by small synovial joints midway between their extremities.

The Ribs and Cartilages are directly continuous with each other.

The Sternum “ Xiphoid Cartilage “ “ “ “ “ “

The 2nd piece of the Sternum is usually united with the 1st by a fixed Joint.

### LIGAMENTS OF CLAVICLE.

### STERNO-CLAVICULAR LIGAMENTS.

[illegible]

### ACROMIO-CLAVICULAR LIGAMENTS.

Interarticular Fibro-cart.,—a flat disc,	attached	by circumference to Ligaments of Joint only, often imperfect.
Superior, —broad	„	to contiguous upper surfaces of Acromion and Clavicle.
Inferior, — „	„ „ „	lower „ „ „ „ „

### Compare Acromio- and Sterno-clavicular Ligaments.

### INTERCLAVICULAR LIGAMENT.

Interclavicular, —a strong band, attached  $\left\{ \begin{array}{l} \textit{at extremities} \text{ to non-articular surfaces of Sternal Ends of Clavicles.} \\ \textit{intermediately} \text{ „ upper edge of Manubrium Sterni.} \end{array} \right.$

### COSTO-CLAVICULAR LIGAMENT.

**Rhomboid,** —short and strong, attached  $\left\{ \begin{array}{l} \textit{below} \text{ to Cartilage of 1st Rib.} \\ \textit{above} \text{ ,, Rhomboid Depression on Clavicle.} \end{array} \right.$

### CORACO-CLAVICULAR LIGAMENTS.

<b>Trapezoid,</b>	—quadrilateral, horizontal,	attached	{ <i>below</i> to inner half of anterior border of Coracoid Process. <i>above</i> ,, oblique line on under surface of Clavicle externally.
<b>Conoid,</b>	—conical, vertical	"	{ <i>below</i> by apex, to inner side of base of Coracoid Process. <i>above</i> to Conoid Tubercle and contiguous border of Clavicle.

### CORACO-ACROMIAL LIGAMENT.

[illegible]

# LIGAMENTS OF CLAVICLE.

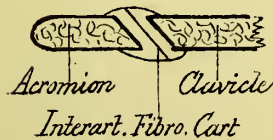
CORACO-ACROMIAL — ACROMIO-CLAVIC — CORACO-CLAVIC — COSTO-CLAVIC — STERNO-CLAVIC — INTERCLAVIC.

Coraco-acromial — { Superior  
Interartic. Cart. } — Trapezoid & Conoid — Rhomboid — { Anterior  
Interartic. Cart. } — Interclavicular:  
Inferior { Posterior }

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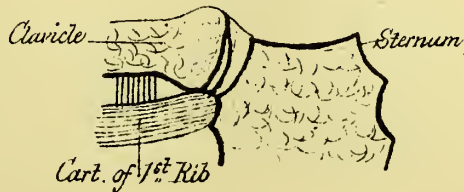
## FIBRO-CARTILAGES.

### Of Acromial Joint.



### Of Sternal Joint.

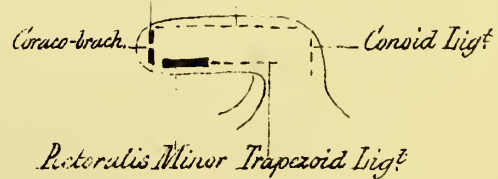
Interart. Fibro-Cart.



## ATTACHMENT OF LIGAMENTS ETC:

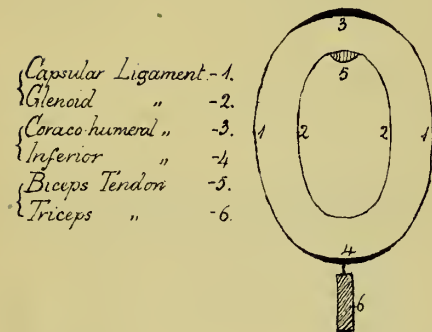
### round CORACOID PROCESS.

Biceps Coraco-acrom. Lig<sup>t</sup>

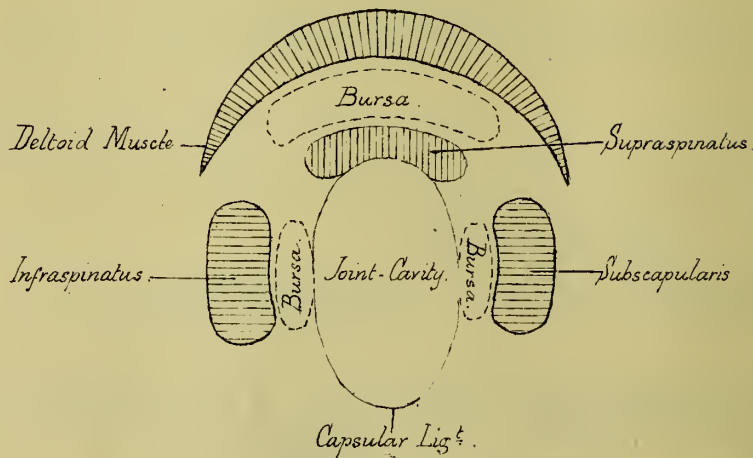


# SHOULDER-JOINT

## RELATION OF LIGAMENTS ETC.



## RELATION OF BURSAE.



## LIGAMENTS OF SHOULDER JOINT.

55

<b>Capsular,</b>	—cylindrical, loose, thin, attached	{ <i>above</i> to margin of Glenoid Cavity external to Glenoid Ligament. <i>below</i> „ Anatomical Neck of Humerus.
<b>{ Coraco-humeral,</b>	—a thickened band in Capsule	<i>above</i> , lying over long head of Biceps, attached to { outer side of root of Coracoid Process. upper edge „ Gt. Tuberosity of Humerus.
<b>{ Inferior,</b>	— „ „ „ „	<i>below</i> , united with „ „ Triceps.
<b>Glenoid,</b>	—a cartilaginous ring within „ „ „ „	Biceps, attached to margin of Glenoid Cavity.
<b>Bursæ (three),</b>	{ One <i>in front</i> , under Subscapularis Tendon, <i>always</i> communicating with Joint. „ <i>behind</i> , „ Infraspinatus „ <i>sometimes</i> „ „ „ „ <i>above</i> , „ Deltoid Muscle, <i>never</i> „ „ „ separated by Supraspinatus.	
There is also an opening in the Capsule for the Tendon of the Biceps, which latter is surrounded by a reflection of Synovial Membrane.		
<b>Movements,</b>	—in every direction, supplemented by movements of the Scapula, regulated chiefly by Muscles (which see).	

### LIGAMENTS OF ELBOW JOINT.

<b>Anterior,</b>	—thin,	attached	$\left\{ \begin{array}{l} \textit{above} \text{ to margin of Coronoid Fossa and Internal Condyle} \\ \textit{below} \text{ " " " " Process and Orbicular Ligament} \end{array} \right\}$	$\left\{ \begin{array}{l} \text{the } \textit{superficial} \text{ fibres are oblique.} \\ \text{ " } \textit{intermediate} \text{ " " transverse.} \\ \text{ " } \textit{deep} \text{ " " vertical.} \end{array} \right\}$
<b>Posterior,</b>	— " loose	"	$\left\{ \begin{array}{l} \textit{above} \text{ " upper part of Olecranon Fossa} \\ \textit{below} \text{ " margin " " Process} \end{array} \right\}$	$\left\{ \begin{array}{l} \text{ " " " " " " } \\ \text{ " } \textit{superficial} \text{ " " transverse.} \end{array} \right\}$
<b>Internal Lateral,—triangular</b>		"	$\left\{ \begin{array}{l} \textit{above} \text{ " Internal Condyle of Humerus} \\ \textit{below} \text{ ant. to Coronoid Proc., post. to Olecranon Proc., intermediately to fibrous band between them.} \end{array} \right\}$	
<b>External Lateral,—</b>	" narrow	"	$\left\{ \begin{array}{l} \textit{above} \text{ to External Condyle of Humerus.} \\ \textit{below} \text{ " Orbicular Ligament and outer margin of Ulna.} \end{array} \right\}$	

The Synovial Membrane is prolonged into Radio-ulnar Joint.

### LIGAMENTS OF RADIO-ULNAR JOINTS.

SUPERIOR ARTICULATION.

Orbicular, —a flat band } attached by ends to extremities of Lesser Sigmoid Cavity.  
encircling Head of Radius—more tightly below than above—lined by Synovial Membr. of Elbow-joint.

## MIDDLE ARTICULATION

Round Ligament—cord-like { passing from Tubercle of Ulna *down and out* to Radius just below Tuberosity, having  
Tendon of Biceps *above* it, and Posterior Interosseous Vessels *below* it.

Interosseous Membrane	} fibrous	{	passing from the bone more supported below (Radius) <i>down and in</i> to the bone less supported below (Ulna).*
			united by margins to Interosseous Borders of Radius and Ulna.
			The Anterior Interosseous Artery perforates it <i>below</i> .
			" Posterior " " passes backwards <i>above</i> between its upper border and the Round Lig.

### INFERIOR ARTICULATION.

**Anterior,** —narrow, passing from *anterior* margin of Sigmoid Cavity of Radius to anterior surface of Head of Ulna.

Posterior,	—	"	"	"	<i>posterior</i>	"	"	"	"	"	<i>posterior</i>	"	"	"
------------	---	---	---	---	------------------	---	---	---	---	---	------------------	---	---	---

Triangular Car-	{ attached	{ <i>by apex</i> to depression in front of Styloid Process of Ulna.
tilage		

The Synovial Membrane (Membrana Sacciformis) is distinct from (sometimes continuous with) that of Wrist Joint.

## LIGAMENTS OF WRIST JOINT.

Anterior } membranous, passing from Radius and Fibro-cartilage *down and in* to Bones of 1st Row of Carpus.  
Posterior }

**External Lateral**—short, strong     „     „     Styloid Process of Radius to Scaphoid and Trapezoid and to Anterior Annular Ligament.

Internal Lateral—	"	"	"	"	"	"	"	Ulna	"	Cuneiform	"	Pisiform	"	"	"	"
-------------------	---	---	---	---	---	---	---	------	---	-----------	---	----------	---	---	---	---

The Synovial Membrane is single, and sometimes continuous with Membrana Sacciformis.

The chief fibres of the Anterior Ligament of the Elbow Joint and those of the Round Ligament are directed down and *out*, whereas those of the Interosseous Membrane and the Anterior and Posterior Ligs. of Wrist " " " " *in*.

\* As in lower Extremity.

## RADIO - ULNAR JOINTS ETC.

Direction of Fibres of Lig<sup>s</sup>

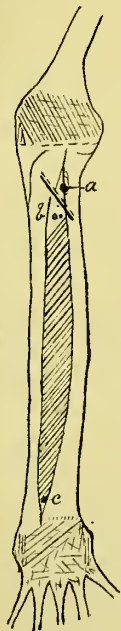
Ant Lig<sup>s</sup> of Elbow

Round Lig<sup>s</sup>.

Insertion of Biceps - a  
Post. Interosseous Art - b.  
Ant. Interosseous Art - c.

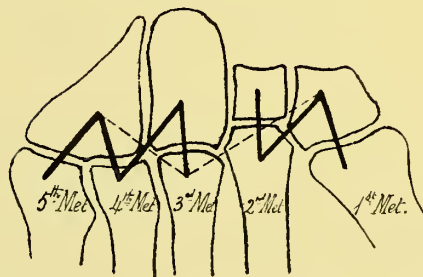
Interosseous Membrane

Ant. Lig<sup>s</sup> of Wrist

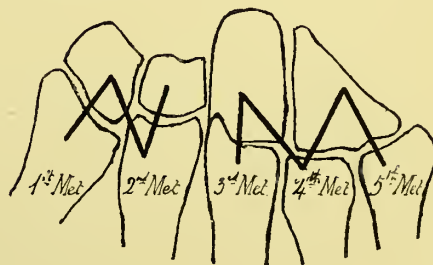


## CARPO-METACARPAL LIG<sup>s</sup>.

Direction of Fibres.



PALMAR LIGTS:



DORSAL LIGTS:



## LIGAMENTS OF EACH ROW.

- Palmar } short bands passing between contiguous bones.  
Dorsal }
- Interosseous { 2 in 1st Row, one on each side of the Semilunar Bone, passing to Scaphoid and Cuneiform.  
{ 2 „ 2nd „ „ „ „ Os Magnum „ „ Trapezoid „ Unciform.
- The Pisiform Bone is united to the Cuneiform by a Capsule lined by synovial membrane.

## LIGAMENTS BETWEEN THE TWO ROWS.

- Palmar } short bands, passing between contiguous bones.  
Dorsal }
- Lateral { External, the stronger „ „ Scaphoid and Trapezium.  
{ Internal, „ weaker „ „ Cuneiform „ Unciform.

The Common Synovial Membrane, between the 1st and 2nd Rows, sends prolongations between the contiguous bones in each Row, and is prolonged below into the four inner Carpo-metacarpal Joints.

## LIGAMENTS OF CARPO-METACARPAL JOINTS.

The First Joint (that of the Thumb), is a Special Joint with its own Capsule and Synovial Membrane.

In the other Carpo-metacarpal Joints, the Ligaments are as follow :—

- Dorsal { The 2nd and 4th Metacarpal Bones each receive two fasciculi { the 2nd from { Trapezium.  
{ „ 4th „ { Trapezoid.  
{ „ 4th „ { Os Magnum.  
{ „ 4th „ { Unciform.
- The other Bones each receive one fasciculus, the 3rd from Os Magnum, the 5th from Unciform.
- Palmar, —as in Dorsal, except that the 3rd has two extra bands, one from Trapezium, the other from Unciform.
- Interosseous { single, between contiguous inferior margins of Os Magnum and Unciform, and Ulnar side of Base of 3rd Metacarpal.  
{ This Ligament sometimes isolates the cavity of the Joint between Unciform and 4th and 5th Metacarpals from the Common Synovial Cavity.

**LIGAMENTS OF INTERMETACARPAL JOINTS.**

The Bases are united by **Dorsal, Palmar and Interosseous Ligaments.**

„ Digital Extremities „ „ by the **Transverse Ligament**, which is connected with ant. surfaces of Metacarpo-phalangeal Joints

**LIGAMENTS OF METACARPO-PHALANGEAL AND INTERPHALANGEAL JOINTS.**

**Anterior** { Fibro-cartilaginous, connected with Base of Bone *below*, free over head of Bone *above*.  
 { grooved *in front* for Flexor tendons, united *laterally* with Lateral Ligaments.

**Posterior,** —deficient, its place being taken by Extensor Tendon.

**Lateral,** —strong, cord-like, between lateral surfaces of contiguous bones

In the Hand, the smaller Member, there are 5, sometimes 6 **Synovial Cavities.**

„ Foot „ larger „ „ 6 „ 7 „ „

**Anterior,** —thin, irregular, connecting contiguous anterior surfaces of Sacrum and Ilium.

**Posterior,** —strong „ „ surface of Ilium above Auricular Facet with the 1st, 2nd and 3rd Posterior Transverse Processes of Sacrum.

A special band from the Post. Sup. Spine of Ilium to the 3rd Post. Transverse Process of Sacrum is called the Oblique Sacro-iliac Ligament. There is no joint cavity, the apposed surfaces being united by fibro-cartilage.

**Lumbo-sacral,** —horizontal, triangular, between Transverse Proc. of 3rd Lumbar Vertebra to Ant. Sacro-iliac Lig. and side of Sacrum.

[illegible]

**Great Sacro-sciatic—triangular** { attached *in front* by *apex* to Tuber Ischii (inner margin),  
 „ *behind* „ *base* „ margins of 4th & 5th Pieces of Sacrum and Coccyx, & Post. Inf. Iliac Spine.

Small	”	”	—	”	}	”	<i>in front</i>	”	<i>apex</i>	”	Spine of Ischium.
						”	<i>behind</i>	”	<i>base</i>	”	with Great Sacro-sciatic Ligament.

Anterior and Pos- } with interposed Fibro-cartilage.  
terior

<b>Anterior</b> <b>Posterior</b> <b>Superior</b>	}	Irregular, passing between corresponding surfaces of Pubic Bones, united with Cartilage of Joint. The Anterior ligament is strong, blended with the Aponeuroses of the Oblique Muscles; the others are weak, with scattered fibres.
--	---	---

**Sub-pubic,** —thick, triangular, yellowish, attached *laterally* to margins of Pubic Arch, and *above* to Fibro-cartilage.

**Fibro-cartilage** { lies between apposed surfaces of Symphysis Pubis; composed of two layers, separated *below and in front* by fibrous tissue, *above and behind* by a rudimentary Synovial Cavity.

## LIGAMENTS OF HIP-JOINT.

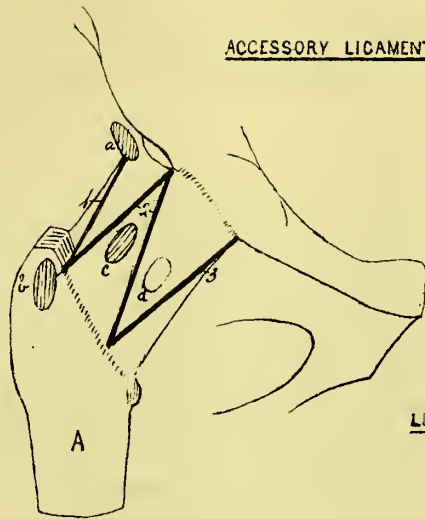
<b>CAPSULAR,</b>	—attached	{ <i>superiorly</i> , round Acetabulum, to margin <i>below</i> and $\frac{1}{4}$ inch beyond margin <i>above</i> . <i>inferiorly</i> , to Ant. Intertrochanteric Line <i>in front</i> „ to middle of Neck of Femur <i>behind</i> .
{ Ilio-trochanteric	—very strong,	connected with reflected head of Rectus int., and tendon of Gluteus Minimus and Gt. Trochanter ext.
{ Ilio-femoral,	—Y-shaped	{ attached to the Anterior Inferior Spine <i>above</i> , and to the Anterior Intertrochanteric line <i>below</i> . the upper edge being blended with the Ilio-trochant. Lig., and the lower edge with the Pubo-femoral Lig.
{ Pubo-femoral,	—narrow,	attached to Pubes in front of Ilio-pectineal Eminence <i>above</i> , and to Femur in front of Small Troch. <i>below</i> .
{ Ischio-capsular,	—semicircular	{ $\frac{1}{4}$ inch wide, in lower edge of Capsule posteriorly. united by <i>extremities</i> with the Pubo-femoral band below, and the Ilio-trochanteric above. „ „ <i>lower border</i> loosely with mid-line of Neck of Femur behind. „ „ <i>upper</i> „ with Capsule and Ischium.
<b>COTYLOID,</b>	—fibro-cartilaginous,	attached round margin of Acetabulum within Capsule.
Transverse,	—crossing Cotyloid Notch,	being a continuation of Cotyloid Ligament, supported by ligamentous fibres.
<b>LIGAMENTUM TERES</b>	{ Y-shaped,	attached by <i>apex</i> to Notch on Head of Femur, by <i>base</i> to opposite sides of the Fossa in the floor of the Acetabulum.

The Synovial Membrane covers the internal surface of the Capsule and the Neck of Femur as far as the attachment of Capsule, and is reflected over both surfaces of the Cotyloid Ligament, the Ligamentum Teres and the Gland of Havers.

<b>MOVEMENTS</b>	{ Extension	is limited by Ilio-femoral Ligament.
	{ Abduction	„ „ „ Pubo-femoral „
	{ Adduction	„ „ „ Ilio-trochanteric „
	{ Flexion	is not limited, except by meeting of soft parts.
	{ Rotation out	is limited by front of Capsule.
	{ „ in	„ „ „ back „ „

# HIP - JOINT.

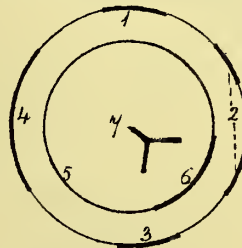
ACCESSORY LIGAMENTS OF CAPSULE:-A. In front B. Behind.



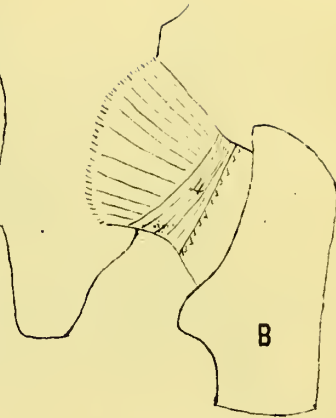
a.-Rectus (Reflected Head).  
 b.-Gluteus Minimus. (Insertion).  
 c.-Iliacus (Fibres from Capsule).  
 d.-Bursa under Pons.

1.-Ilio-trochanteric Lig<sup>t</sup>  
 2.-Ilio-femoral "  
 3.-Pubio-femoral "  
 4.-Ischio-capsular "

LIG<sup>ts</sup> ON TRANSVERSE SECTION.

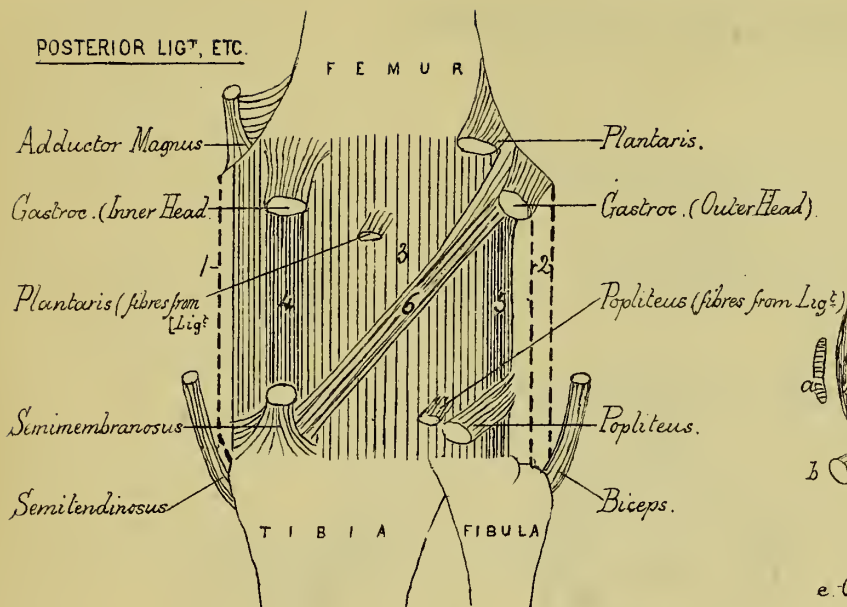


1, 2, 3 & 4 as above.  
 5.-Cotyloid Lig<sup>t</sup>.  
 6.-Transverse "  
 7.-Ligamentum Trans.



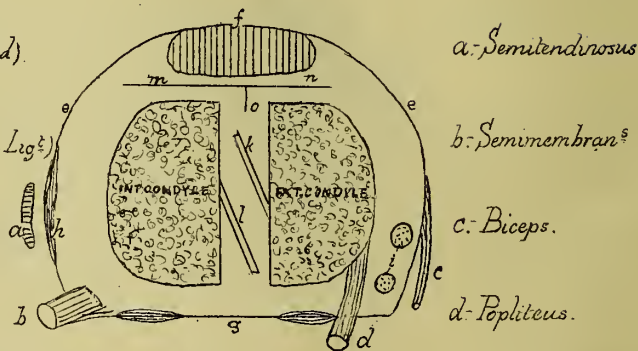
# KNEE -JOINT.

## POSTERIOR LIG<sup>t</sup>, ETC.



- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| 1.-Internal Lat. Lig <sup>t</sup> | 4.-Offset from Gastroc. (Inner Head). |
| 2.-External " Lig <sup>t</sup>    | 5.- " " (Outer " ).                   |
| 3.-Posterior Ligament.            | 6.- " Semimembranosus.                |

## CAPSULAR LIGAMENT, ETC.



- |                       |                                  |
|-----------------------|----------------------------------|
| e. Capsular Ligament. | k. Ant. Crucial Lig <sup>t</sup> |
| f. Anterior " "       | l. Post. " "                     |
| g. Posterior " "      | m. Int. Alar " "                 |
| h. Int. Lat. " "      | n. Ext. " "                      |
| i. Ext. " Ligaments.  | o. Mucous " "                    |

### EXTERNAL LIGAMENTS.

<b>Internal Lateral,</b> —a flat band,	attached	{	above to Internal Tuberosity of Femur.
		{	below " " " " Tibia, and to contiguous part of Bone.
<b>External Lateral,</b> —a round cord	"	{	above " External " " Femur.
		{	below " " side of Head of Fibula.
<b>Short Ext. Lateral,</b> —(posterior to Long Ext. Lat.)	"	{	above " Outer Head of Gastrocnemius.
		{	below " Styloid Process of Fibula.

Under the Internal Lateral Ligament are the Tendon of the Semi-membranosus and the Int. Inf. Articular Artery.  
 " " External " " " " Popliteus " " Ext. " " "  
 Over " Internal " " " " Tendons " Sartorius, Gracilis and Semitendinosus. " " "  
 In front and behind the attachment of the Long Ext. Lateral Ligament is inserted the Tendon of the Biceps.

<b>Anterior</b>	(Ligamentum Patellæ or Tendon of Quadriceps Extensor)	attached <i>above</i> to Apex of Patella and contiguous part of Posterior Surface. ,, <i>below</i> ,, lower part of Tubercle of Tibia.
<b>Posterior,</b>	—triple { 2 lateral parts, vertical { 1 central part, oblique	,, <i>above</i> ,, Heads of Gastrocnemius, <i>below</i> to Tuberosities of Tibia posteriorly. ,, ,, ,, outerhead of ,, ,, ,, Tendon of Semi-membranosus.

The intervals between the parts are closed by irregular fibres.  
To the Posterior Ligament are attached the Plantaris and Popliteus Muscles.

<b>Capsular</b>	{	Fills intervals between the other External Ligaments, and is strengthened by reflections from Fascia Lata and surrounding Tendons.
		continuous with anterior border of Internal Lateral Ligament.
		closely connected with anterior surface of Anterior " "
		passing free over outer " " External Lateral Ligament,
		and continued into " border " Posterior Ligament.

The Capsule with the Posterior Ligament thus makes one turn of a spiral.  
Between the inner border of Posterior Lig., and the posterior border of Int., Lateral Lig the tendon of Semi-membranosus is inserted.

### INTERNAL LIGAMENTS.

**Anterior Crucial,**—oblique, attached *below* to surface in front of Spine of Tibia, *above* to inner surface of Outer Condyle of Femur.  
**Posterior Crucial,**—vertical " " " Popliteal Notch of Tibia " " outer " " Inner " " "

## Semilunar Cartilages

External,	—nearly circular	{ attached on opposite sides of Spine of Tibia. connected <i>anteriorly</i> with Internal Semilunar Cartilage by Transverse Ligament. " <i>posteriorly</i> " Posterior Crucial Ligament by a single or double band.
Internal,	—semicircular	{ attached <i>anteriorly</i> to Tibia in front of origin of Anterior Crucial Ligament. " <i>posteriorly</i> " " " " " " " " " " " " " " " "

Both Cartilages are connected laterally with the margins of Head of Tibia by **Coronary Ligaments**.

**THE FAT** round the Patella is divided into { **Suprapatellar Pad** under Extensor Tendon.  
**Infrapatellar** " " Patellar Ligament, prolonged beyond margins of Patella, chiefly on inner side.

## SYNOVIAL MEMBRANE

{ *lines* Capsule and subjacent Fat and is prolonged into *six* pouches.  
beneath Tendon of Quadriceps Extensor *above and in front*.  
" Aponeuroses of Vasti *laterally*.  
" Heads of Gastrocnemius *above and behind*.  
" Tendon of Popliteus *below and externally*.  
{ *invests* also Semilunar Cartilages and Crucial Ligaments.

Ligamentum Mucosum

{ A fold of synovial membrane reflected from over Infrapatellar Pad, round a small vessel to the front of the Intercondyloid Notch.

Alar Ligaments (2)

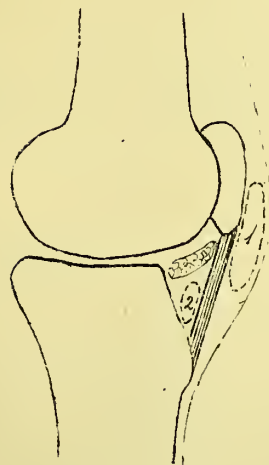
{ Folds of synovial membrane extending transversely, one inwards and one outwards, over the Infrapatellar Pad beyond margins of Patella. The Internal is the larger.

## MOVEMENTS

{ Flexion and Extension are the chief movements.  
Towards the end of Extension there is **Rotation out**, in consequence of the Curve of the Articular surf. of Int. Condyle.  
In Semiflexion, **Rotation in and out** are allowed in consequence of relaxation of Ligaments.  
The **Patella**, during *Flexion*, is sunk in the Intercondyloid Notch, on the lower and outer part of the Joint; during *Extension* it moves upwards and inwards, becoming prominent above the articular surface of Femur.  
The **Crucial Ligaments** limit flexion and extension, and prevent displacement forwards and backwards.  
The Anterior Crucial Ligament limits Rotation in.  
The Internal Lateral " " out.  
All the Ligaments, except the Anterior, are made tense in Extension.  
The Semilunar Cartilages follow the Tibia, moving forwards in Extension, backwards in Flexion.

# KNEE - JOINT.

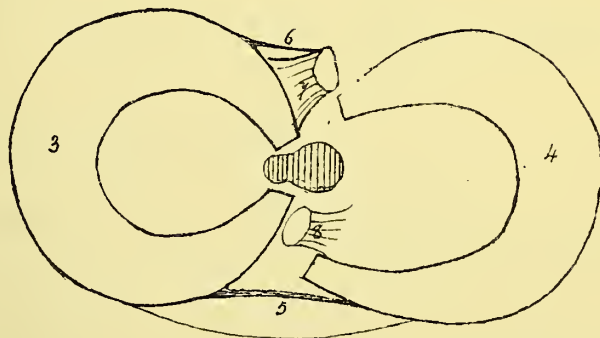
## PATELLAR BURSE.



1.-Suprapatellar Bursa (Bursa Patellæ.)

2.-Infrapatellar Bursa.

## SEMILUNAR CARTILAGES, ETC.



3.- External Semilunar Cartilage

4.- Internal " "

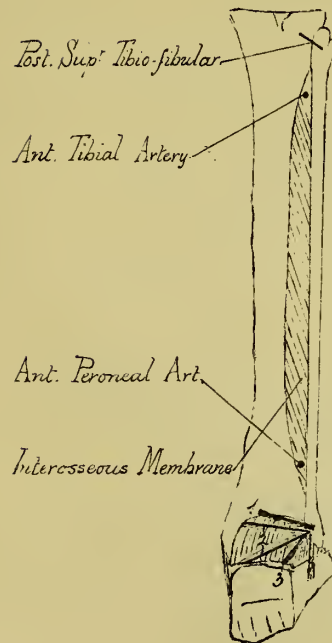
5.- Transverse Ligament.

6.- Special Band to Post. Crucial.

7.- Post. Crucial Lig<sup>t</sup>

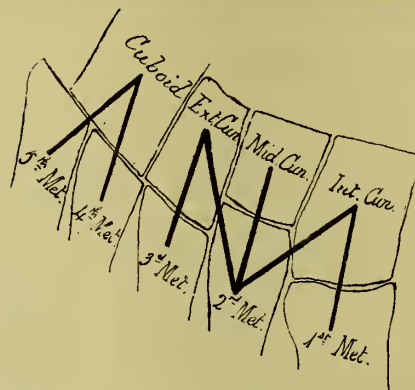
8.- Ant. " "

# TIBIO - FIBULAR LIG<sup>TS</sup> ETC.

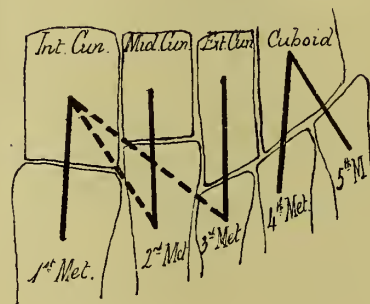


1. Post. Inf. Tibio-fibular Lig<sup>t</sup>
2. Post. Lig<sup>t</sup> of Ankle-joint.
3. Post. Fasciculus of Ext. Lat. Lig<sup>t</sup>

# TARSO - METATARSAL LIG<sup>TS</sup>



DORSAL



PLANTAR

BURSÆ (6 or 7)	{	Bursa Patellæ,	superficial, over lower half of Patella and upper half of Ligamentum Patellæ.
		Infrapatellar Bursa, deep,	between Ligamentum Patellæ and upper part of Tubercle of Tibia, separated from Joint by Infrapatellar Pad of Fat.
		Bursa over Internal Lateral Lig.,	between it and the Tendons of Sartorius, Semitendinosus and Gracilis.
		„ under External „ „ „ „ „	Tendon of the Popliteus, communicating with Joint.
		A Bursa anteriorly,	under Tendon of Quadriceps, frequently communicating with Joint.*
		Two Bursæ posteriorly „	Heads of Gastrocnemius, generally „ „ „

\* This Bursa often blends with the Pouch of Synovial Membrane prolonged upwards from the Joint.  
The number of Bursæ corresponds to the number of Synovial Pouches.

In each of the pairs of structures connected with the Knee-joint the inner structure is the larger, except in the case of the pair most superficial (the lateral parts of the Capsule or the Retinacula) and the pair most deep (the articular surfaces of the Condyles of the Femur).

## LIGAMENTS OF TIBIA AND FIBULA.

### UPPER ARTICULATION.

Anterior and Posterior, —broad bands between corresponding surfaces of upper ends of Tibia and Fibula.

A single Synovial Membrane lines the Joint, which is often continuous with that of Knee-Joint.

### MIDDLE ARTICULATION.

Interosseous Membrane	{	between Interosseous Borders of Tibia and Fibula.	{	(Compare with Interosseous Membrane of Forearm.)
		Fibres pass <i>down and out</i> from Tibia, the bone most supported below.		
		Perforated <i>above</i> for Anterior Tibial Artery, <i>below</i> for Anterior Peroneal Artery		

### INFERIOR ARTICULATION.

Anterior and Posterior, —between corresponding surfaces of lower ends of Tibia and Fibula.

Inferior, —transverse— „ pit on inner side of External Malleolus and lower margin of Tibia posteriorly.

Interosseous,	{	„ apposed rough surfaces of lower ends of Tibia and Fibula,
		continuous with Interosseous Membrane.

## LIGAMENTS OF ANKLE-JOINT.

**Anterior,** —membranous, between lower edge of Tibia and upper surface of neck of Astragalus.  
**Posterior,** —transverse, Y-shaped, from pit on inner side of External Malleolus to posterior margins of Tibia and Astragalus.  
**Internal Lateral,**—(Deltoid), from border of Internal Malleolus to Scaphoid, Os Calcis (Lesser Process) and Astragalus.

Deeper fibres pass from the apex of the Malleolus to the inner surface of the Astragalus.

**External Lateral—triple** { **Anterior Fasciculus,** *shortest*, from anterior margin of Ext. Malleolus to Astragalus in front of ext. Facet.  
 Middle " *longest* " apex " " " " Os Calcis, about middle of ext. surface.  
 Posterior " *strongest* " pit on int. surf. " " " " Astragalus (posterior border).

Four bands cross the back of the Joint { *above*, Posterior Inferior Tibia-fibular Ligament.  
*below* " Fasciculus of External Lateral " "  
*intermediately*, the two bands of Posterior Ligament of Ankle.

The **Synovial Membrane** is single, and is prolonged slightly between the apposed surfaces of Tibia and Fibula.

## TARSAL LIGAMENTS, Etc.

### CALCANEO-ASTRAGALOID LIGAMENTS.

**External and Posterior,**—connecting the contiguous surfaces of Bones.

**Interosseous,** —very strong, attached to the groove on each Bone between the articular surfaces.

### LIGAMENTS between CUBOID, SCAPHOID and CUNEIFORM BONES.

Dorsal, Plantar and Interosseous passing between the contiguous surfaces of the Bones.

### CALCANEO-CUBOID and CALCANEO-SCAPHOID LIGAMENTS.

[Metatarsals.

{ **Inferior Calcaneo-Cuboid** (Long Plantar) passes from Os Calcis (under surface) to Cuboid (ridge) and to bases of 2nd, 3rd and 4th  
 { " " " (Short Plantar) " " " (depression in front of Ant. Tubercle) to Cuboid (depression behind ridge).  
 { **Superior** " " " between the contiguous surfaces of the Bones.  
 { **Internal** " " (Interosseous) " from Cuboid (inner side) } to Os Calcis (upper surf. of Greater Process) together  
 { **Superior** " **Scaphoid** " " Scaphoid (outer side) } forming a Y-shaped Ligament.  
 { **Inferior** " " " " (under surf.) to Os Calcis (Lesser Proc.) and supports Head of Astragalus.

### LIGAMENTS OF TARSO-METATARSAL JOINTS.

Dorsal, Plantar and Interosseous,—see Diagram for attachments, etc.

Ligaments of Intermetatarsal, Metatarso-Phalangeal and Interphalangeal Joints.

These are arranged in the same manner as in the Hand.

In the Foot, the larger Member, there are 6 sometimes 7 **Synovial Membranes**  
 " " Hand " smaller " " " 5 " 6 " "

# MUSCLES.



## OCCIPITO-FRONTALIS.

Occipitalis, —strong, *arising from* outer  $\frac{2}{3}$  rds of Sup. Curved Line of Occipital Bone, and sometimes Mastoid Process.  
 Frontalis, —weak „ „ Internal Angular Process of Frontal „ „ „ Ext. Ang. „

Both parts are *inserted into* the Epicranial Aponeurosis. The Frontalis at its origin is blended with the Muscles above Orbit.

Epicranial Aponeurosis	{	connected <i>behind</i>	with Occipitales, and with Superior Curved Lines between them.
		„ <i>in front</i>	„ Frontales, filling up the angular space between them.
		„ <i>laterally</i>	„ Zygoma, extending over Temporal Fascia.
		„ <i>superficially</i>	„ the Skin, by dense fibro-cellular tissue.
		„ <i>deeply</i>	„ Pericranium „ loose „ „ „

## MUSCLES OF FACE.

{ *Three* Muscles are connected with the Orbit.  
 { *Six* „ „ „ „ „ Nose.  
 { *Nine* „ „ converge towards „ Mouth, around the orifice of which there is an additional circular muscle.

## MUSCLES AROUND ORBIT.

Orbicularis Palpebrarum, consisting of three parts:—

{	Orbital,	composed of coarse,	red fibres which form complete ellipses, attached to	{ Internal Angular Process. Tendo Oculi. Margin of Orbit internally.
	Palpebral	„ „ fine,	pale „ „ „ half „ „ „	{ Tendon Oculi Ext. Tarsal Ligament externally.
	Ciliary	„ „ a small bundle of	„ „ „ complete „ unattached to Bone, encircling Margins of Eyelids.	

Corrugator Supercilii { attached to inner end of Superciliary Ridge of Frontal Bone *internally*.  
 { blended with Orbicularis Palpebrarum opposite middle of Orbital Arch *externally*.

Tensor Tarsi { attached to Crest and contiguous surface of Lachrymal Bone *internally*.  
 { blended with Orbicularis Palpebrarum in each lid opposite Punctum Lachrymale *externally*.

**MUSCLES OF THE NOSE.**

- { **Pyramidalis**, —(the only Face Muscle unattached to Bone) blended with Occipito-frontalis *above* and Compressor Naris *below*.  
 { **Compressor Naris**, —triangular, attached by apex to Canine Fossa *externally*, and by base to opposite Muscle *internally*.  
 { **Depressor Alæ Nasi**,—quadrilateral „ „ Incisive „ *below*, „ to Septum and Ala of Nose *above*.  
 { **Dilatator Naris Anterior** } attached to Sesamoid Cartilages and Cartilage of Ala *above*, and to Skin of Ala *below*.  
 { „ „ **Posterior** }
- Levator Labii Sup. Alæque Nasi** (see Muscles of Mouth).

**MUSCLES OF MOUTH.**

- Orbicularis Oris**, —consisting of two parts :—  
 { **Labial**, —composed of fine, pale fibres, forming ellipses round the aperture, unattached to Bone.  
 { **Facial**, — „ „ coarse, red „ blending with Muscles „ „ „ attached „ „ as under.  
 { in Upper Lip by *two* slips on each side, one from the Canine Eminence, the other from the Nasal Septum.  
 { „ Lower „ „ *one* slip „ „ „ „ „ only.
- Of the other 9 Muscles { three pass from *above* to blend with the Orbicularis in the Upper Lip.  
 { „ „ „ *below* „ „ „ „ Lower „  
 { „ „ „ *obliquely* „ „ „ „ at the Angle of the Mouth.

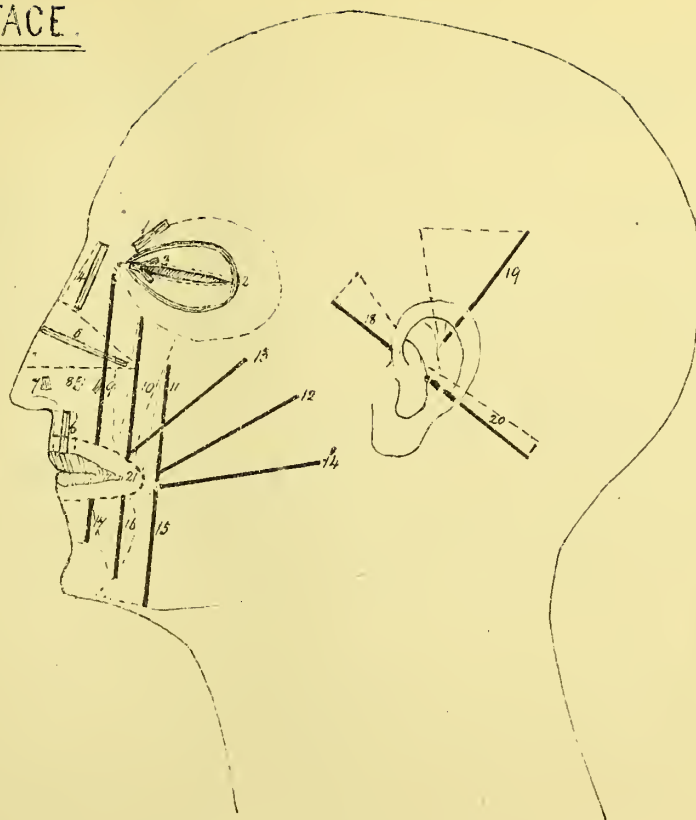
All, with the exception of the Levator Menti, blend more or less at their insertion with the Orbicularis.

**Muscles of the Upper Lip.**

- { **Levator Alæque Nasi**, —arising from Nasal Process of Superior Maxilla, giving off two slips { one *outwards* to Levator Labii Superioris.  
 { „ „ *inwards* „ Ala of Nose.  
 { „ **Labii Superioris**,— „ „ lower Margin of Orbit, connected by slips { *above* with Orbicularis Palpebrarum.  
 { „ „ „ „ „ „ „ „ *internally* „ Levator Alæque Nasi.  
 { „ „ „ „ „ „ „ „ *externally* „ Zygomaticus Minor.  
 { „ „ „ „ „ „ „ „ *below* „ Orbicularis Oris.  
 { „ **Anguli Oris**, — „ „ Canine Fossa, continued below into Depressor Anguli Oris partly.

# MUSCLES OF FACE.

- 1.-*Corrugator Supercilii.*
- 2.-*Orbicularis Palpebrarum*
- 3.-*Tensor Tarsi*
- 4.-*Pyramidalis Nasi*
- 5.-*Compressor Naris*
- 6.-*Depressor Alae Nasi*
- 7.-*Dilatator Naris Ant.*
- 8.- " " *Post.*
- 9.-*Lev. Labii Sup. Alaeque Nasi.*
- 10.-*Lev. Labii Superioris*
- 11.-*Lev. Anguli Oris*



- 12.-*Zygomaticus Major.*
- 13.-*Zygomaticus Minor.*
- 14.-*Risorius.*
- 15.-*Depressor Ang. Oris*
- 16.-*Depressor Labii Inf.*
- 17.-*Levator Mentis*
- 18.-*Attrahens (to Fossa of Helix)*
- 19.-*Attollens ( " " Antihel)*
- 20.-*Retrahens ( " Buccula)*
- 21.-*Orbicularis Oris.*



### Muscles of the Angle of the Mouth.

{	<b>Zygomaticus Minor,</b>	— <i>arising</i> from anterior part of Malar Bone— <i>inserted</i> with	Levator Labii Superioris.
	<b>Major,</b>	— “ “ posterior “ “ “ — “ “	Orbicularis Oris.
	<b>Risorius,</b>	— “ “ Masseteric Fascia — “ “	Depressor Anguli Oris.

### Muscles of the Lower Lip.

{	<b>Levator Menti,</b>	—conical,	<i>arising</i>	from Incisive Fossa		<i>inserted into</i>	Integuments of Chin.
	<b>Depressor Labii Inf.,</b>	—quadrilateral	,,	,,	Ext. Oblique Line below Mental Foramen,	blending with	Orbicularis Oris & Platysma.
	,,	<b>Anguli Oris,—triangular</b>	,,	,,	,,	ext. to ,,	Muscles of Angle of Mouth.
						overlapping	Depressor Labii Inferioris.

*Under the Depressor Anguli Oris are the Labial Branches of the Inferior Dental Vessels and Nerve.*

Over	Levator	Facial	Infraorbital
------	---------	--------	--------------

<b>Actions</b>	{	<i>Orbicularis Palpebrarum</i>	{	The <i>Orbital</i>	Part acts in forcible contraction, rolling up the Skin round the Orbit.
				,, <i>Palpebral</i>	,, ,, ,, ordinary winking, closing and drawing in the Eyelids.
				,, <i>Ciliary</i>	,, ,, ,, by slightly elevating the Eyelashes.
		<i>Tensor Tarsi</i> draws the <i>Puncta Lachrymalia</i> inwards and backwards, and compresses the <i>Lachrymal Sac</i> .			
		<i>Orbicularis Oris</i>			{
				,, <i>Labial</i>	,, turns in ,, ,, ,, ,, and diminishes the aperture between them.
The Actions of the <i>other Muscles</i>		may be understood from their names or positions.			

## MUSCLES OF ORBIT.

Superior Rectus,	—narrowest,	arising from	upper	part of Optic Foramen and Sheath of Optic N. by common tendon.										
Internal	„ —broadest,	„ „	inner	„ „ „ „ „ „ „ „ „ „ „ „ „ „ „ „										
Inferior	„ —	„ „	lower	„ „ „ „ „ „ „ „ „ „ „ „ „ „ „ „										
External	{	by Upper Head	„ „	upper and outer	„ „ „ „ „ „ „ „ „ „ „ „ „ „ „ „									
		„ „	„ „	lower	„ „ „ „ „ „ „ „ „ „ „ „ „ „ „ „									
		„ Lower „	„ „	{ spine on outer margin of Sphenoidal Fissure. fibrous band between points of origin from bone.										

The Recti are *inserted* into the Sclerotic at equidistant points,  $\frac{1}{4}$  in. from the Cornea.

{ Superior Oblique,—*arising* from Roof of Orbit above and internal to Common Tendon, *inserted* into upper, back and outer part of Sclerotic.  
 { Inferior „ — „ „ Floor „ „ at inner side, ant. to Lachrymal Groove „ close to Superior Oblique.

The Oblique Muscles cross *below* the corresponding Recti.

„ Superior Oblique passes between the Superior Rectus and the Eyeball.

„ Inferior „ „ „ Inferior „ „ „ Floor of the Orbit.

(„ „ „ „ also „ „ „ External „ „ „ Eyeball).

Levator Palpebræ Superioris,—*arising* from Roof of Orbit in front of Optic Foramen, *inserted* into anterior surface of Tarsal Cartilage

Actions { The External and Internal Recti turn the Eyeball in corresponding directions.  
 „ „ Superior „ Inferior „ „ „ „ „ „ „ „ and also inwards.  
 „ „ „ Oblique turns „ „ „ down and out, acting with Inferior Rectus.  
 „ „ Inferior „ „ „ „ „ up „ „ „ „ Superior „

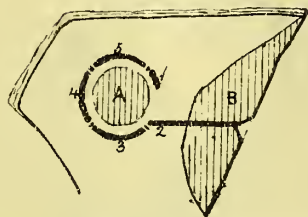
## EYELIDS.

In the Upper Lid there are *seven* layers from before back as follows :—

- |   |  |   |
|---|--|---|
| 1. <i>Skin.</i>   |  | 4. Levator Palpebræ Superioris <i>Tendon.</i> |
| 2. Orbicularis Palpebrarum (Palpebral portion) <i>Muscle.</i> |  | 5. <i>Tarsal Cartilage.</i>                   |
| 3. Tarsal <i>Ligament.</i>                                    |  | 6. Layer of Meibomian <i>Glands.</i>          |
|   |  | 7. Conjunctiva ( <i>Mucous Membrane</i> ).    |

Each of these layers is different in nature from the others. The Tendon forming the Central Layer is absent in the Lower Lid, otherwise the layers in that Lid are the same as in the Upper Lid.

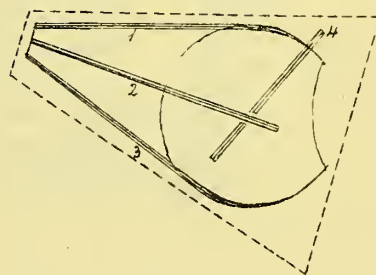
ORIGINS OF RECTI  
FROM WALL OF ORBIT.



A: Optic Foramen. B: Sphenoidal Fissure.

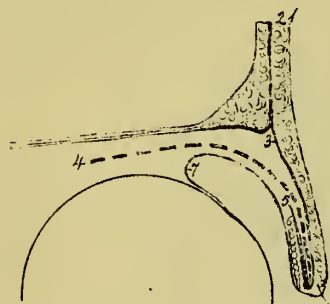
- 1-Ext. Rectus (Upper Head).
- 2- " " (Lower " ).
- 3-Inf. " "
- 4-Int. " "
- 5-Sup. " "

RELATION OF MUSCLES  
TO AXES OF ORBIT AND EYEBALL.



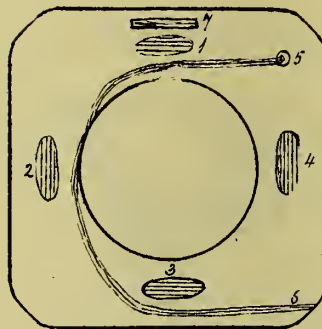
- 1-Internal Rectus.
- 2-Superior " "
- 3-External " "
- 4-Superior Oblique.

## LAYERS IN UPPER EYELID.



- 1- Skin
- 2- Orbicularis Palp.
- 3- Palpebral Lig<sup>t</sup>.
- 4- Lev. Palp. Sup. Tendon.
- 5- Tarsal Cartilage.
- 6- Meibomian Glands.
- 7- Conjunctiva.

## RELATION OF OBLIQUI TO RECTI.



- 1- Rectus Superior.
- 2- " Externus.
- 3- " Inferior.
- 4- " Internus.
- 5- Obliquus Superior
- 6- " Inferior.
- 7- Lev. Palp. Sup.

## MUSCLES OF THE TEMPORO-MAXILLARY REGION.

The **Relations** of the chief structures in and near the Region are as follows :—

**Internal to Ramus of Inferior Maxilla.**

**Posterior to Ramus of Inferior Maxilla.**

Internal Maxillary <i>Artery</i> and Branches.	{	Parotid Gland
External Pterygoid Muscle		containing { <i>External</i> Carotid <i>Artery</i> .
Inferior Maxillary <i>Nerve</i> and Branches.		"     Jugular <i>Vein</i> .
Internal Pterygoid Muscle		Facia <i>Nerve</i> .
Arteries of Pharynx (see Arteries.)		Styloid Process
Pharynx (Superior Constrictor Muscle chiefly).		overlying { <i>Internal</i> Carotid <i>Artery</i> .
		"     Jugular <i>Vein</i> .
		Deep <i>Nerves</i> of Neck.
		Pharynx (Superior Constrictor chiefly).

The most *superficial* of the Muscles, viz., the Masseter, is inserted into the outer surface of the Ramus, and the *deepest* " " " " " Internal Pterygoid " " " " inner " " " " They are both four-sided, and parallel in direction, and they act by *elevating* the Jaw.

Of the two *intermediate* Muscles :—

The Temporal triangular, is inserted into the Coronoid Proc. chiefly, and acts by *elevating* the Jaw, and *retracting* it.

"	External Pterygoid	"	"	"	"	"	Condylod	"	"	"	"	"	<i>projecting</i>	"	"
---	--------------------	---	---	---	---	---	----------	---	---	---	---	---	-------------------	---	---

External Pterygoid is aided in projecting the Jaw by the Internal Pterygoid and by the superficial fibres of the Masseter.

The *fifth* Muscle, the Buccinator, anterior to the others, forms the lateral wall of the Mouth, and aids in mastication by helping to keep the food between the teeth.

### Origins of the Muscles.

**Temporal,** from the { Temporal Fossa (except the posterior surface of the Malar Bone).  
" Fascia.

**Masseter**         "         "         { Malar Process of Superior Maxilla, and anterior  $\frac{3}{4}$  of lower edge of Zygomatic Arch by superficial part.  
                        "         "         { Inner surface of Zygomatic Arch         " posterior  $\frac{1}{4}$  " " " " " " deep "

**Ext. Pterygoid** " " { Great Wing of Sphenoid (under surface) }  
 { External Pterygoid Plate (outer " ) } by two Heads, between which passes the Int. Maxillary Art.

Muscles of the Temporo-maxillary Region—*continued.*

Int. Pterygoid, from the { External Pterygoid Plate (inner surface).  
Tuberosities of Palate Bone and Superior Maxilla.

**Buccinator**      "    "    { outer edge of the Alveolar Process of both Jaws opposite the Molar Teeth.  
Pterygo-maxillary Ligament.

### Insertions of the Muscles.

{ Temporal, —into the Coronoid Process, and Anterior Border of the Ramus of the Jaw.  
 { External Pterygoid, — " " Condylloid " (neck) " Interarticular Fibro-cartilage " " Joint.

{ <b>Masseter,</b>	— " "	outer surface of the Ramus.
{ <b>Internal Pterygoid,</b>	— " "	inner " " " " (below Dental Foramen).

**Buccinator,** — „ „ Muscles at Angle of Mouth, some of its fibres from above decussating with some from below.

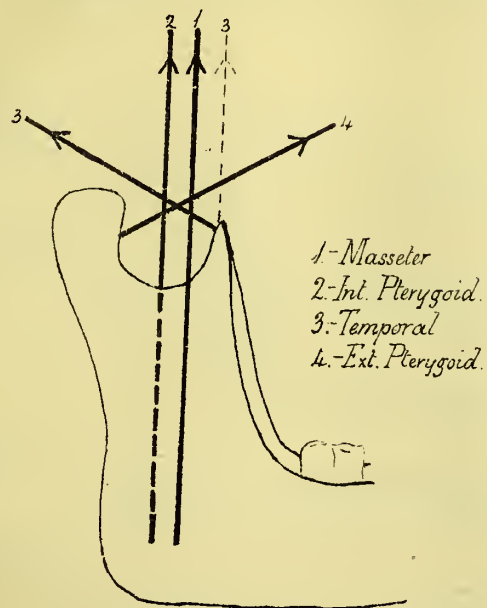
There are *five* muscular attachments to the Lower Jaw, of which the limit is marked by the Last Molar Tooth.

On *Outer Surface* { Masseter,  
Buccinator,      On *Inner Surface* { Superior Constrictor.  
Mylo-hyoid.  
*Intermediately*,—Temporal (on anterior margin of Ramus)

Relation of External Pterygoid to Nerves	{	Appearing <i>above</i> its upper border	{ Deep Temporal Nerves.
			{ Masseteric Nerve
		„ <i>below</i> „ lower „	{ Inferior Dental „
		„ <i>in front,</i> between Heads of Origin,	{ Gustatory „
		„ <i>behind,</i> posterior to tendon of Insertion,	Buccal Nerve (which usually supplies it).
			Auriculo-Temporal Nerve.

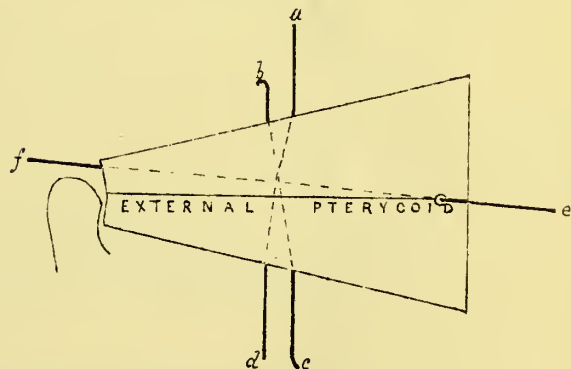
## MUSCLES OF PTERYGO-MAXILLARY SPACE.

### LINES OF ACTION.



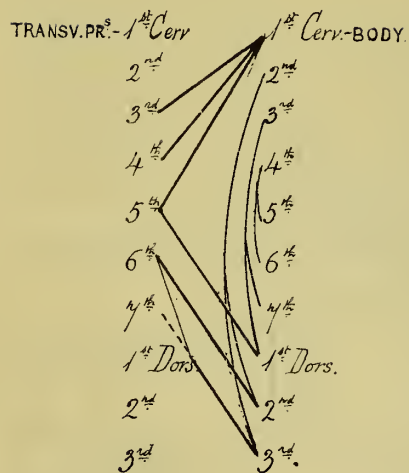
## EXTERNAL PTERYGOID MUSCLE.

### RELATION TO NERVES.

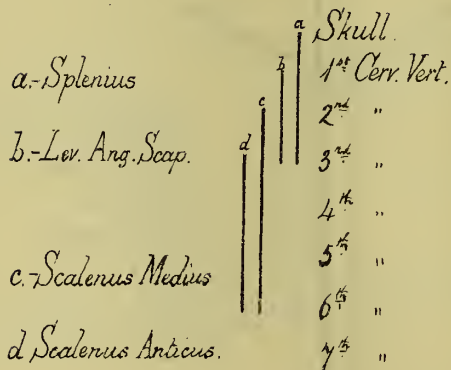


a-Deep Temporal N. (Post). d-Inf. Dental N  
b-Masseteric " e-Buccal "  
c-Gustatory " f-Auriculo-temporal N.

## LONGUS COLLI.



## MUSCLES OF POST. TRIANGLE.



The Flexors of the Neck are the Three Scalenes, the Three Recti, and the Longus Colli.

Longus Colli, attached by	{	upper oblique	portion	{	to Tubercle on Anterior Arch of Atlas.
				{	„ Transverse Processes of Middle three Cervical Vertebrae (3rd, 4th and 5th).
		lower	„	{	„ „ „ „ lower „ „ „ (except 7th).
				{	„ Bodies of upper three Dorsal Vertebrae.
		median vertical	„	{	„ „ „ „ „ and lower three Cervical Vertebrae.
				{	„ „ „ „ three Cervical Vertebrae next below the 1st (2nd, 3rd and 4th).

## Recti—Origins.

R. Anticus Major,—from middle three Cervical Vertebrae (3rd, 4th, 5th) and also the 6th—(anterior Transverse Processes).

R. „ Minor,— „ Atlas—(anterior margin of Lateral Mass and root of Transverse Process).

R. Lateralis, — „ „ —(upper surface of Transverse Process).

## Recti—Insertions.

In the order of insertion before back on the Occipital Bone in the case of the Recti Antici and Postici the Major Muscle comes first, the Rectus Lateralis being intermediate between the two sets. Thus:—

The Rectus Anticus Major is inserted close by the mid-line on the Basilar Process,			
„	„	Minor	„
„	„	„	behind and external to it,
„	„	Lateralis	„
„	„	„	on the under surface of the Jugular Process,
„	„	Posticus Major	„
„	„	„	„ „ outer part of the Inferior Curved Line,
„	„	Minor	„
„	„	„	close by the mid-line behind (the Occipital Crest).

See Diagram of the Occipital Bone.

## Scaleni—Origins.

S. Anticus, —from First Rib near *anterior* end (from Tubercle on Inner Border, between Subclavian Groove).

S. Medius, — „ „ „ „ *posterior* „ (along a line from the Tubercle to Groove for Subclavian Artery).

S. Posticus, — „ Second „ „ „ „ (between attachments of Serratus Magnus and Serratus Post. Sup.).

## Scaleni—Insertions.

S. Anticus, — to middle *three* Cervical Vertebrae and also to the 6th —(Anterior Tubercles of Transverse Processes).

S. Medius, — „ lower *six* „ „ „ (exc. last sometimes)—(Posterior „ „ „ „ „).

S. Posticus, — „ „ *three* „ „ „ —( „ „ „ „ „ „ „ „ „).

Flexors of Neck—*continued*.

The Longus Colli and Recti Antici enter into the floor of the Anterior Triangle.

„ Scalene Muscles „ „ „ „ „ „ Posterior „

Relations of Rectus Lateralis  $\left\{ \begin{array}{l} \text{in front} \\ \text{behind} \\ \text{to outer side} \\ \text{inner} \end{array} \right.$  the Internal Jugular Vein.  
 „ „ „ „ „ „ Vertebral Artery.  
 „ „ „ „ „ „ Occipital „  
 „ „ „ „ „ „ Anterior Division of 1st Cervical Nerve.

The four muscles entering into the floor of the Posterior Triangle, viz. : Splenius, Levator Anguli Scapulæ, Scalenus Medius and Scalenus Anticus, overlap each other near the Vertebæ, but diverge as they pass outwards, so as to clear one another below.

{	The uppermost, the Splenius,	is fixed by its <i>highest</i> point of attachment to the <i>Skull</i> .	
	„ next „ Levator Anguli Scapulæ	„ „ „ „ „ „ „ „ „ „ „ „	1st Cervical Vertebæ.
	„ „ „ „ Scalenus Medius	„ „ „ „ „ „ „ „ „ „ „ „	2nd „ „
{	„ lowest „ „ Anticus	„ „ „ „ „ „ „ „ „ „ „ „	3rd „ „

{	The first two	{ Splenius Levator Anguli Scapulæ }	are „ „ their <i>lowest</i> „ „ „ „ „ „	3rd „ „
	„ other „	{ Scalenus Medius „ Anticus }	„ „ „ „ „ „ „ „ „ „ „ „	6th „ „

## STERNO-CLEIDO-MASTOID.

Origin	{ by <i>inner Head</i> , round and tendinous, from upper and outer part of anterior surface of Manubrium. { „ <i>outer</i> „ flat „ muscular „ inner half or third „ „ „ „ Clavicle.		
Insertion	{ „ aponeurosis, on outer „ „ „ „ Superior Curved Line of Occipital Bone. { „ tendon „ „ „ „ „ Surface of Mastoid Process.		
Relations	{ by <i>superficial</i> surface, with Integuments, External Jugular Vein, and Superficial Branches of Cervical Plexus.		
	{ „ deep „ „	Muscles	{ <i>below</i> , —Sterno-hyoid, Sterno-thyroid and Omo-hyoid. { <i>above</i> , —Splenius, Digastric „ Trachelo-mastoid. { <i>intermediately</i> , —Lev. Ang. Scap., Scalenus Ant. „ Scalenus Medius.
		Arteries	{ <i>above</i> , —Occipital, with its Sterno-mastoid Branch. { <i>below</i> , —Suprascapular and Transverse Cervical. { <i>intermediately</i> , —Asc. Cerv. from Inf. Thyroid „ Sterno-mastoid from Sup. Thyroid.
		Veins	{ <i>above</i> , —Occipital. { <i>below</i> , —Anterior Jugular. { <i>intermediately</i> , —Ascending Cervical.
			{ <i>along inner edge</i> , —Sheath of Carotid Vessels. { <i>across lower part</i> , —Subclavian Vessels (the Artery being crossed by Scalenus Ant.).
	{ „ deep „ „	Nerves	{ <i>above</i> , —deep part of Cervical Plex. ; <i>below</i> , —upper part of Brachial Plex. { <i>intermediately</i> , —Descendens Noni and Communicans Noni. { <i>piercing the Muscle</i> , —Spinal Accessory „ Branch of 2nd Cervical.
		Glands, etc.	{ <i>above</i> , —Process of Parotid Gland. { <i>below</i> , —Thoracic Duct on left side, and Right Lymphatic Duct on right. { <i>intermediately</i> , —Glandulæ Concatenatæ.

## HYOID MUSCLES.

These are divisible into *three* Groups, each consisting of *three* Muscles.

## THREE VERTICAL DEPRESSORS.

Sterno-hyoid	{	<i>origin</i> —Posterior Surfaces of Manubrium, Cartilage of 1st Rib and Clavicle (inner end).
	{	<i>insertion</i> —Hyoid Bone— <i>lower edge of Body</i> .
Thyro-Hyoid	{	<i>origin</i> —Thyroid Cartilage (Oblique Line), some fibres being continued from Sterno-thyroid.
with	{	<i>insertion</i> —Hyoid Bone— <i>lower edge of Great Cornu</i> .
Sterno-thyroid	{	<i>origin</i> —Posterior Surfaces of Manubrium and Cartilage of 1st Rib, below and behind Sterno-hyoid.
	{	<i>insertion</i> —Thyroid Cartilage (Oblique Line), some fibres being continued into Thyro-hyoid.
Omo-hyoid	{	<i>origin</i> —Transverse Ligament of Scapula and contiguous part of Superior Border of Scapula.
	{	<i>insertion</i> —Hyoid Bone— <i>lower edge of Body at junction with Great Cornu</i> .

## THREE VERTICAL ELEVATORS.

Mylo-hyoid,	—arising from	Int. Oblique Line of Inf. Maxilla	{	forming raphe in mid-line with opposite muscle.
			{	inserted into Hyoid Bone (into Body below Genio-hyoid).
Genio-hyoid,	— „ „	Genio-hyoid Tubercle, „ „ „	„ „ „ „	( „ Centre of Body).
Genio-hyo-glossus,—	„ „	Genio-hyo-glossus „ „ „	{	„ „ „ ( „ upper edge of Body).
			„ „ „	Tongue (under surface close to mid-line).

## THREE OBLIQUE ELEVATORS.

Stylo-hyoid,	—arising from	Styloid Process (outer side of base)	{	split near insertion by tendon of Digastric.
			{	inserted into Hyoid Bone (at junction of Body & Great Cornu).
Digastric,	— „ „	{ Temporal Bone (Digastric Groove)	{	connected with „ „ by Supra-hyoid Aponeurosis.
		{ Inferior Maxilla ( „ Fossa)	{	
Hyo-glossus,	— „ „	{ Side of Tongue { Stylo-glossus &	{	inserted into „ „ { chiefly into Great Cornu.
		{ between { Lingualis	{	by special { Small Cornu.
				slips into { Body of Hyoid Bone.

As regards the attachment of the Muscles to the Hyoid Bone :—

The *Vertical* Elevators are all fixed one above another to the Body of the Bone,

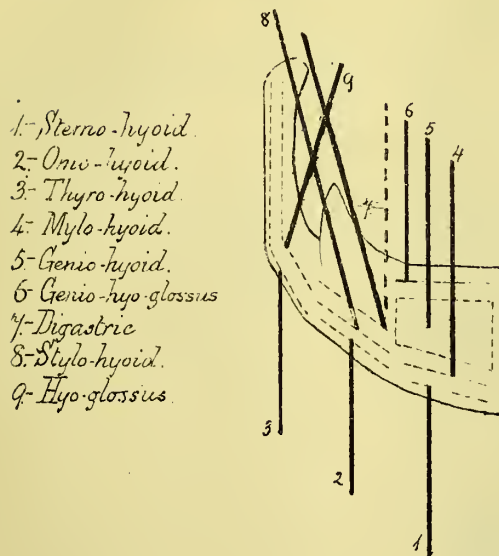
The *Depressors* are attached side by side—one to the Body, one near the junction of the Body and Great Cornu, and one to the Great Cornu,

The *Oblique* Muscles are attached, two near the junction of the Body and Great Cornu, and one to the Great Cornu.

See Diagram of the Hyoid Bone.

# HYOID MUSCLES.

LINES OF ACTION ETC.



# SUBMAXILLARY REGION.

VERTICAL SECTION.\*

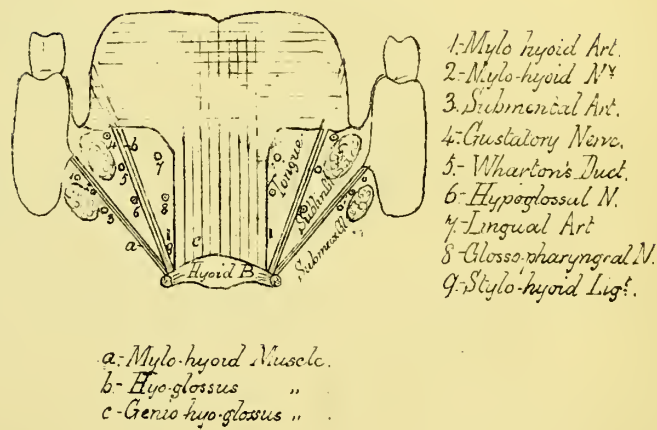


Diagram to show merely relative situations of parts.

# CONSTRUCTORS OF PHARYNX.

- A.-*Sup. Constrictor.*  
 B.-*Mid. Constrictor.*  
 C.-*Inf. Constrictor.*  
 1.-*Levator Palati*  
 2.-*Tensor Palati.*  
 3.-*Stylo-pharyngeus.*  
 4.-*Glosso-pharyngeal N.*  
 e.-*Crico-thyroid M*



- 5.-*Sup. Laryngeal N.*  
 6.- " " *Art.*  
 7.-*Inf. " N.*  
 8.- " " *Art.*  
 a.-*Buccinator M*  
 b.-*Mylo-hyoid "*  
 c.-*Hyo-glossus "*  
 d.-*Thyro-hyoid "*

### Relations of Parts.

**In Outer Part of Space,**  
*from before backwards.*

{ Submaxillary Gland (below Jaw).  
   Mylo-hyoid Muscle.  
 { Sublingual Gland (below Mucous Membrane).  
   Hyo-glossus Muscle.  
 { Tongue.

Crossing over the Mylo-hyoid Muscle are	{	<i>Two Arteries*</i> and	{	Mylo-hyoid Artery, from Inferior Dental.
		<i>One Nerve</i>		" " Nerve " " "
				Submental Artery " Facial. "
"	{	under the Mylo-hyoid	{	Gustatory Nerve, above (with Submaxillary Ganglion).
"	{	over " Hyo-glossus	{	Hypo-glossal " below, giving branches.
		" {	<i>Two Nerves and</i>	Wharton's Duct (with deep part of Submaxillary Gland).
		<i>One Duct</i>		
"	"	"	{	Lingual Artery.
			<i>One Artery,</i>	Glosso-pharyngeal Nerve.
			<i>One Nerve and</i>	Stylo-hyoid Ligament.
			<i>One Ligament</i>	

\* The Facial Artery rests on the Submaxillary Gland.

## MUSCLES OF PHARYNX, Etc.

Superior Constrictor, <i>origin</i> linear, from 6 points Middle Constrictor   ,,   pointed   ,,   3   ,, Inferior Constrictor   ,,   linear   ,,   3   ,,	{ Internal Pterygoid Plate—lower $\frac{1}{3}$ of Posterior Border (bone), Tendon of Tensor Palati Pterygo-maxillary Ligament } (soft structures). Alveolar Process of Lower Jaw, opposite last Molar Tooth internally (bone) Mucous Membrane of Mouth } (soft structures). Side of Tongue
	{ Hyoid Bone (upper border of Great Cornu). " " (posterior " " Small " ). Stylo-hyoid Ligament (lower end).
	{ Thyroid Cartilage (surface behind Oblique Line). " " (Inferior Cornu). Cricoid " (lateral surface).

Each Muscle unites with its fellow in a raphé at the mid-line behind.

{ The lower fibres of the " " " " " upper " "	{ Inferior Constrictor and Middle Superior	{ are <i>directed</i> transversely, and united with the fibres of the Œsophagus. " " " " obliquely down, and are overlapped by the Muscle below. " " " " " up " " united* to	{ Petrous Bone. Pharyngeal Spine or Basilar Pr.

\* By Aponeurosis of Pharynx, which, becoming thinner below, invests the inner surfaces of the Muscles.

Crossing upper border of Superior Constrictor are	{ Levator Palati Muscle, entering Pharynx, over upper border of Constrictor. Tensor " " " " round ant. " " "
Entering between origins of Sup. and Middle Constrictors are	{ Stylo pharyngeus Muscle. Glosso-pharyngeal Nerve.
" " " Middle and Inf. " "	{ Superior Laryngeal Artery from Superior Thyroid. " " Nerve " Vagus.
" under the lower border of Inferior Constrictor " "	{ Inferior " Artery " Inferior Thyroid. " " Nerve " Vagus (Recurrent).

There are thus two Palatine structures entering above Superior Constrictor, two Pharyngeal between Superior and Middle Constrictors, two Superior Laryngeal between Middle and Inferior Constrictors, and two Inferior Laryngeal below Inferior Constrictor.

- Palato-pharyngeus** —see Muscles of Palate.
- Salpingo-pharyngeus** { arising *above* from Cartilage of Eustachian Tube.  
                                  { blending *below* with Palato-pharyngeus.
- Stylo-pharyngeus** { arising *above* from inner surface of Base of Styloid Process of Temporal Bone.  
                                  { inserted *below* with posterior border of Thyroid Cartilage, blending with Palato-pharyngeus.
- All three Muscles are more or less united below, as indicated.

Of the **Muscles** connected with the **Styloid Process** :—

- The Stylo-hyoid arises from the outer side of the Base, and crosses over the External Carotid Artery.
- The Stylo-pharyngeus " " " inner " " " " " { under " Internal " "
- The Stylo-glossus " " " Apex, and from the Stylo-maxillary Ligament, and is not in relation with either vessel. { over " Internal " "

Of the **Ligaments** connected with the **Styloid Process** :—

- The Stylo-maxillary gives origin to the Stylo-glossus Muscle by its upper end.
- The Stylo-hyoid " " " Middle Constrictor " " lower "

## MUSCLES OF THE SOFT PALATE.

Of the *five* muscles of the Soft Palate :—

- two*, the Levator and Tensor Palati, *descend* from above ;
- two*, the Palato-glossus and Palato-pharyngeus, *ascend* from below ;
- and *one*, the Azygos, lies *horizontally* in the Palate itself.

Attachments of the muscles externally to the Soft Palate :—

- { **Levator Palati**, —to Apex of Petrous Part of Temporal Bone, and to inner and back part of Eustachian Tube.
- { **Tensor** " —" Scaphoid Fossa and Spine of Sphenoid " " outer " fore " " "
- Azygos**, —" Posterior Nasal Spine and contiguous Aponeurosis.
- { **Palato-glossus**, —" Tongue (lateral surface and dorsum) in union with Stylo-glossus.
- { **Palato-pharyngeus**, —" Thyroid Cartilage (posterior border) and contiguous portion of Pharynx.

Connection of the Muscles with the Soft Palate :—

- { **Palato-pharyngeus** enters the Palate in two fasciculi { one lying next the mucous membrane on *upper* surface of Palate.
- { **Palato-glossus** " " " " one fasciculus { the other " *intermediately* between the Levator and Tensor Palati.
- " " " " " " next the mucous membrane on *under* surface of Palate.

**Azygos**, —lying next to mid-line of Palate, is connected laterally with the Levator Palati.

Muscles of Pharynx, Etc.—*continued*.

{ Levator Palati,	—entering Pharynx above	Sup. Constrictor, lies in the Palate between the fasciculi of Palato-pharyngeus.
{ Tensor Palati	— “ “ in front of “ “	is inserted into { Aponeurosis of Soft Palate, posterior border of Hard “

Each Muscle blends at the mid-line with its fellow of the opposite side.

There are thus *seven* layers in the Soft Palate, viz., from above down :—

1. Mucous Membrane, continuous with that of Nose, covered by columnar ciliated epithelium,
2. Posterior or upper fasciculus of Palato-pharyngeus,
3. Levator Palati and Azygos,
4. Anterior or lower fasciculus of Palato-pharyngeus,
5. Tensor Palati and Aponeurosis,
6. Palato-glossus,
7. Mucous Membrane, continuous with that of Mouth, covered by squamous stratified epithelium.

## EXTRINSIC MUSCLES OF THE TONGUE.

*Three* are connected with the side of the Tongue and *one* with the under surface.

Of the three lateral Muscles { the Palato-glossus passes *down* from above,  
the Hyo-glossus “ *up* “ below,  
the Stylo-glossus “ *forwards* “ behind.

On reaching the Tongue these three muscles blend to form a muscular expansion which covers the *anterior two-thirds* of the organ beneath the Superficial Lingualis.

The part of the Hyo-glossus known as the Chondro-glossus continues the expansion backwards over the *posterior third* of the organ. Some fibres of both the Stylo-glossi decussate beneath the *Tip* of the Tongue in front of the Hyo-glossi.

*The Muscle on the under surface*,—the Genio-hyo-glossus,—enters the Tongue in separate fasciculi, which pass through vertically by the side of the *Septum*, to end in the submucous tissue of the Dorsum. The most posterior fibres are connected with the Hyo-glossal Ligament and the Hyoid Bone.

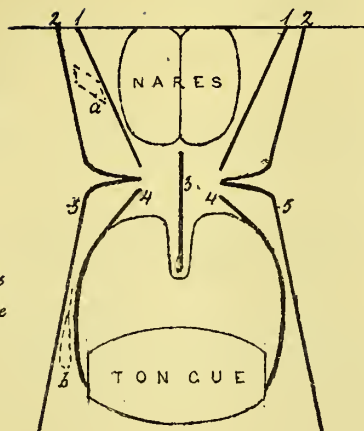
The other attachments of the Muscles have been noted previously.

# SOFT PALATE AND TONGUE.

## RELATIVE POSITIONS OF MUSCLES, ETC.

### SOFT PALATE - POSTERIOR

- 1.-Levator Palati
- 2.-Tensor Palati
- 3.-Azygos Uvulae
- 4.-Palato-glossus
- 5.-Palato-pharyngeus
- a.-Eustachian Tube
- b.-Tonsil.



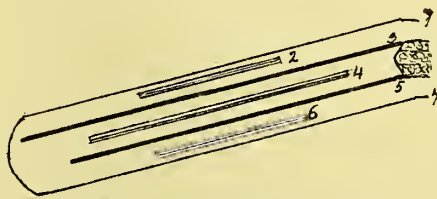
### TONGUE - Laterally

- 1.-Palato-glossus
- 2.-Stylo-glossus
- 3.-Hyo-glossus
- 4.-Genio-hyo-glossus.



To indicate lines of action

- 1.-Mucous Membrane.
- 2.-Palato-phar. -(Upper Fasc.)
- 4.- " " -(main part).



SOFT PALATE - VERT. LONG. SECT.

- 3.-Lev. Palati and Azygos.
- 5.-Tens. " " Aponeurosis.
- 6.-Palato-glossus.





## Muscles of the Back—continued.

The **SECOND GROUP** (Extensors of the Back) consists of *three pairs* of Muscles, which pass *vertically upwards*, the whole series forming a somewhat cylindrical column occupying the groove between the Spines and Laminæ.

The Muscles of the *first* pair connect the Pelvis with the Dorsal Vertebrae and Ribs.

" " " *second* " " " Dorsal Vertebrae and Ribs with the Cervical Vertebrae.

" " " *third* " " " Cervical " with the Head.

The two Muscles of each pair lie side by side, one externally, the other internally, and the pairs succeed each other in a zigzag fashion (see Diagram).

The lowest pair spring opposite the last Rib from the Erector Spinae by subdivision of its fibres.

Erector Spinae, —Origin	{	<i>externally</i>	—Post $\frac{1}{3}$ of Iliac Crest—exc. opp. Posterior Superior Spine.	}	It is thus attached on all its sides.
		<i>internally</i>	—Spines of Lumbar and Sacral Vertebrae by Aponeurosis.		
		<i>by deep surf.</i>	{ Posterior Surface of Sacrum (upper part).		
		<i>„ superf. „</i>	{ " " Lumbar Transverse Processes.		
			—Aponeurosis strengthened by posterior reflection of Fascia Lumbar.		

{	Longissimus Dorsi	—	arising from Erector Spinae, is inserted into	{	<i>all</i> the Dorsal Transverse Processes (apices).	}
					" " Ribs close to the Tubercles ( <i>except first two</i> ).	
					the lower six Ribs (at their angles).	
{	Ilio-costalis	—	" " " " " " "	{	are con-	}
					by slips of insertion with <i>all</i> the Ribs at the Angles.	
					" " origin " " " int. to " ( <i>except first two</i> ).	
	The slips of insertion	of the Ilio-costalis				
	with " " " origin and insertion	" Accessorius				
	and " " " origin	" Cervicalis Ascendens				

Thus the attachments of the Longissimus Dorsi are symmetrical with those of the Ilio-costalis combined with the Accessorius and the origin of the Cervicalis Ascendens.

The Accessorius is described as arising from the lower six Ribs internal to the Angles, and inserted into " upper " " at the Angles.

The Longissimus Dorsi and Ilio-costalis muscles lie parallel to each other.

{	Cervicalis Ascendens	—	arising from the Ribs from the 3rd to 6th int. to the Angles, is inserted from the 4th to the 6th Cerv. Transv. Proc.
{	Transversalis Colli	—	" " " upper six Dorsal Transverse Processes " " " 2nd " 6th " " "

These muscles converge above.

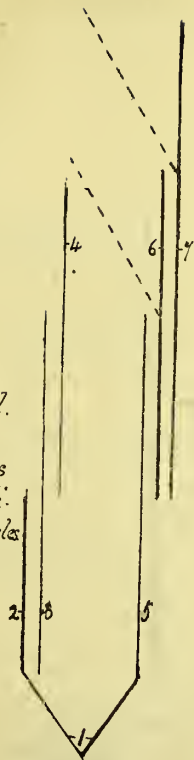
{	Trachelo-mastoid	—	arising from	{	upper six Dorsal Transverse Processes, is inserted into the Mastoid Process posteriorly.	}
					lower three Cervical Articular " " "	
{	Complexus	—	" " "	{	upper six Dorsal Transverse Processes.	}
					from 3rd to 7th Cervical Articular " " " " Occipital Bone, between curved lines	
					lower three (often 1 or 2) Cervical Spines.	

These muscles diverge above.

# LONGISSIMUS DORSI, ETC.

1. Erector Spinae.
2. Ilio-costalis.
3. Accessorius
4. Cervicalis Asc.
5. Longiss. Dorsi.
6. Transversalis.
7. Trachelo-mastoid.

The dotted lines  
indicate the true di-  
rection of the muscles



1<sup>st</sup> Rib

2<sup>nd</sup> "

3<sup>rd</sup> "

4<sup>th</sup> "

5<sup>th</sup> "

6<sup>th</sup> "

7<sup>th</sup> "

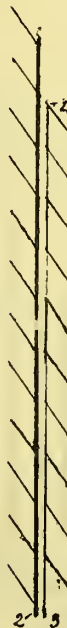
8<sup>th</sup> "

9<sup>th</sup> "

10<sup>th</sup> "

11<sup>th</sup> "

12<sup>th</sup> "



3<sup>rd</sup> Rib.

4<sup>th</sup> "

5<sup>th</sup> "

6<sup>th</sup> "

7<sup>th</sup> "

8<sup>th</sup> "

9<sup>th</sup> "

10<sup>th</sup> "

11<sup>th</sup> "

12<sup>th</sup> "

1<sup>st</sup> Dors Transv. Proc.

2<sup>nd</sup> "

3<sup>rd</sup> "

4<sup>th</sup> "

5<sup>th</sup> "

6<sup>th</sup> "

7<sup>th</sup> "

8<sup>th</sup> "

9<sup>th</sup> "

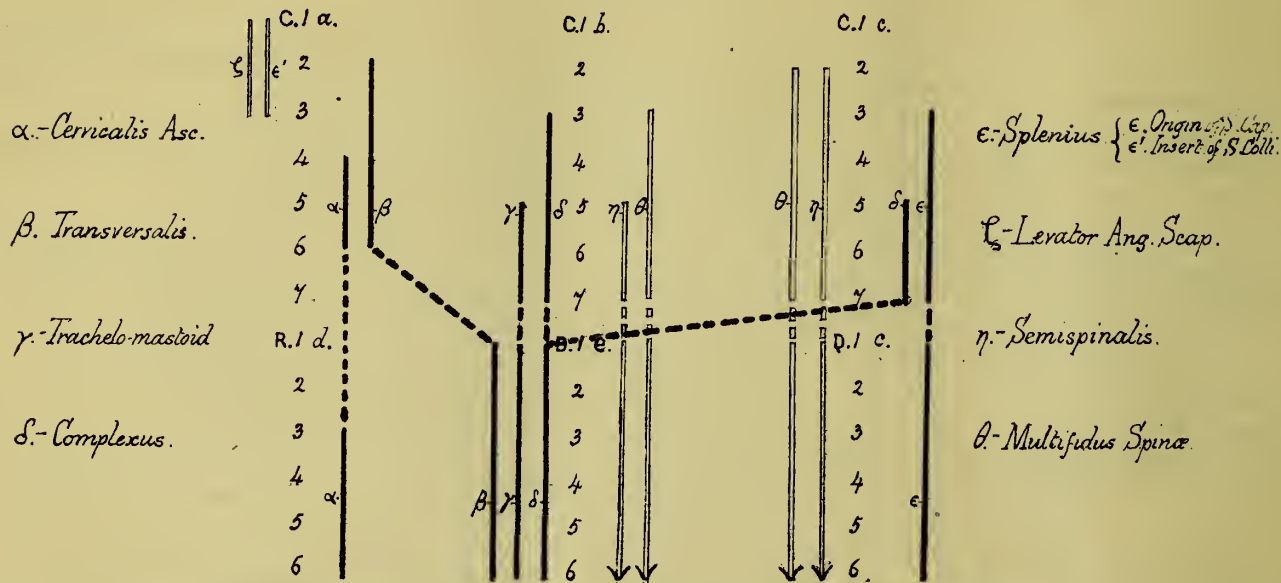
10<sup>th</sup> "

11<sup>th</sup> "

12<sup>th</sup> "



# MUSCULAR ATTACHMENTS AT BACK OF NECK.



C.1. a. downwards to  $\gamma$ . - Cerr. Transv. Proc<sup>ts</sup> R.1. d. downwards to 6. - Angles of Ribs.  
 C.1. b. " " " " " " D.1. e. " " " " " " Dors. Transv. Proc<sup>ts</sup>  
 C.1. c. " " " " " " D.1. c. " " " " " " Spinous "





# MUSCLES OF ABDOMEN.

85

**Six** Muscles on each side enter into the formation of the Wall of the Abdomen :—

Three broad, transverse Muscles,—External Oblique, Internal Oblique, and Transversalis,—laterally.  
Two narrow, vertical „ —Rectus and Pyramidalis, —in front.  
One „ „ Muscle,—Quadratus Lumborum, —behind.

The fibres of the *Ext. Oblique* run down and in, parallel to those of the *Ext. Intercostal*, hence its *origin* is said to be *above*.  
„ „ „ *Int.* „ „ up „ „ „ „ „ „ „ „ „ *below*.  
„ „ „ *Transversalis* „ transversely in, „ „ „ „ „ „ *behind*.

The following Table gives the *attachments* of these Muscles :—

Common Points of Attachment.	External Oblique.	Internal Oblique.	Transversalis.
<i>Ribs.</i>	Lower <i>eight</i> (ext. surfaces) interdigitating with { <i>Serratus Magnus.</i> <i>Latiss. Dorsi.</i>	Lower <i>four</i> (edges of Cartilages) continuous with lowest two Internal Intercostals.	Lower <i>six</i> (under surfaces of Cartilages) interdigitating with Diaphragm.
<i>Crest of Ilium.</i>	Anterior $\frac{1}{2}$ of outer Lip.	Anterior $\frac{2}{3}$ of space between Lips.	Anterior $\frac{2}{4}$ of inner Lip.
<i>Poupart's Ligament.</i>	Whole length.	Outer half.	Outer third.
<i>Spine of Pubes and Ilio-pectineal Line.</i>	{ Spine only.	$\frac{1}{2}$ inch of Ilio-pectineal Line.	1 inch of Ilio-pectineal Line.
<i>Front of Symphysis Pubes. Linea Alba.</i>	{ Both.	Both.	Both.
<b>Special Points of Attachment.</b>	Pectoralis Major above.	Fascia Lumborum behind.	Fascia Lumborum behind.

On reference to the Diagram it will be seen, as regards the attachments of the Muscles to the Iliac Crest, to Poupart's Ligament and to the Ilio-pectineal Line, that in each case the Transversalis is attached most *externally*, the External Oblique most *internally*, and the Internal Oblique *intermediately*.

*Anteriorly* each Muscle becomes aponeurotic, and the Aponeuroses, crossing in front and behind the Rectus, join those of the opposite side to form the Linea Alba.

The Aponeurosis of the External Oblique is broader *below* than above.

"	"	"	Internal	"	"	above	"	below.
"	"	"	Transversalis	"	"	below	"	above.
"	Linea Alba itself	"	"	"	"	above	"	below.

As regards the relation of the Aponeuroses to the Rectus:—

For the upper $\frac{3}{4}$ ths of the Rectus	{	the External Oblique Aponeuroses passes in front of it.
		" Transversalis " " behind it.
		" Internal Oblique " splits, half passing in front, half behind it.

For the lower  $\frac{1}{4}$ th " " —all three Aponeuroses pass in front of it.

*Posteriorly*, the posterior border of the External Oblique is usually free.

" " " " Internal " and Transversalis are continued into the Fascia Lumborum.

Fascia Lumborum is attached { by *central* portion (lying between { Quadratus Lumborum and ) to Lumbar Transverse Processes (apices).  
 " *ant.* reflection (covering ant. surf. of Quadratus Lumborum) " " " " (ant. surfaces  
 " *post.* " ( " post. " " Erector Spinæ ) " " Spines (apices).  
 For Abdominal Rings, Cremaster, etc., see 'Hernia.'

{	Rectus Abdominis	{	Origin, by two Heads	{	one from Symphysis Pubes (anterior surface).
			" " Crest of	"	
		{	Insertion, " " parts	{	" into Ensiform Cartilage.
			" " Cartilages of lower three true Ribs.	"	
{	Lineæ Transversæ,—three	{	one opposite the Umbilicus.		
			" " " Ensiform Cartilage.		
			" " " intermediately between the other two.		

**Pyramidalis**, —Origin, Front of Symphysis Pubes; Insertion, Linea Alba, half way between Pubes and Umbilicus.

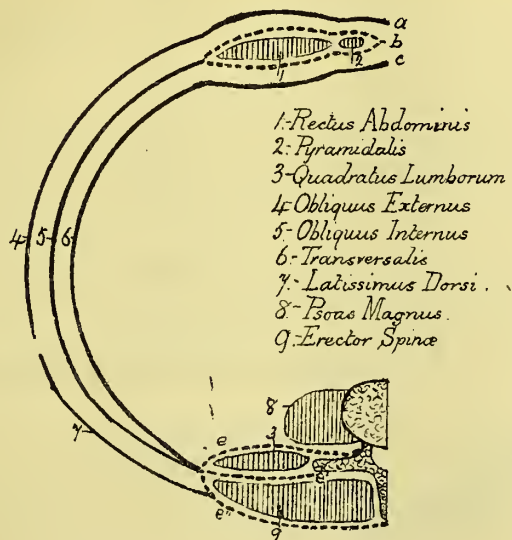
All five of the above-described muscles are more or less attached to the front of the Symphysis Pubis.

As regards the attachment to the Ribs—note that the External Oblique is fixed to *eight*,  
 the Internal Oblique is fixed to half of that number, " *four*,  
 the Transversalis " " " the sum of the preceding " *six*,  
 and the Rectus " " " of that number, " *three*.

**Quadratus Lumborum**—Origin { Ilio-lumbar Ligament, —Insertion { Lumbar Transverse Processes (Apices).  
 Crest of Ilium for 1 inch external to Ligament { Last Rib, inner half of lower border.

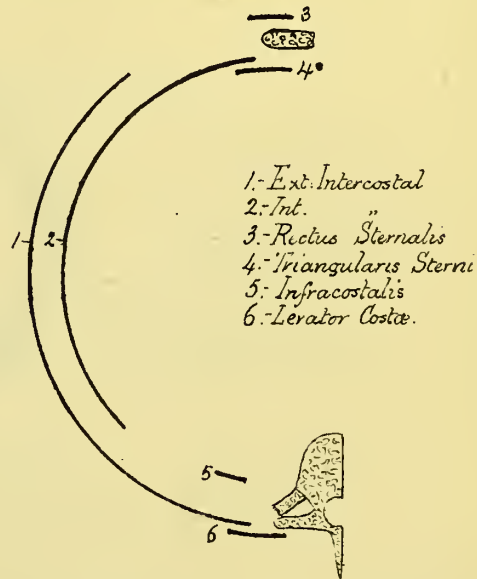
An *Accessory Part* is sometimes found on the anterior surface of the Quadratus, connected above with the last Rib, and below with the apices of the lower two or three Lumbar Transverse Processes.

# MUSCLES OF ABDOMINAL WALL AND OF THORACIC WALL.



1. Rectus Abdominis
2. Pyramidalis
3. Quadratus Lumborum
4. Obliquus Externus
5. Obliquus Internus
6. Transversalis
7. Latissimus Dorsi
8. Psoas Magnus
9. Erector Spinae

a - Aponeurosis of Ext. Oblique  
 b - " Int. " } opposite upper three-fourths of Rectus.  
 c - " Transversalis  
 e, e' - Fascia Lumborum



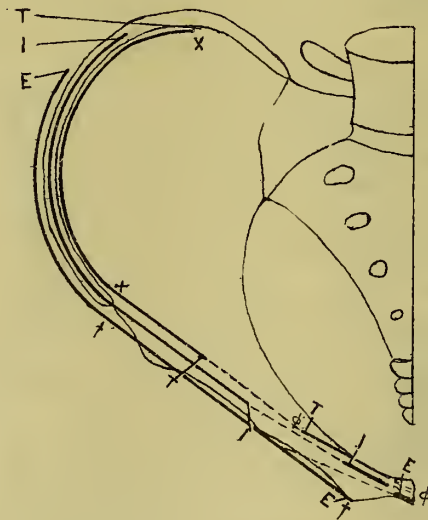
1. Ext. Intercostal
2. Int. "
3. Rectus Sternalis
4. Triangularis Sterni
5. Infracostalis
6. Levator Costae

# PELVIC ATTACHMENTS OF LATERAL MUSCLES OF ABDOMEN.

T.-Transversalis.

I.-Internal Oblique.

E.-External Oblique.



X-X.- Attachments to Crest of Ilium.

†-†.- Attachments to Poupart's Lig<sup>†</sup>

φ-φ.- Attachments to Ilio-pectineal Line etc.

• **Six** Muscles or sets of Muscles enter into the formation of the Thoracic Wall.

{	Two lateral sets	between Ribs,	—External and Internal Intercostals.
	Two posterior „	{ superficial to „	„ —Levatores Costarum.
		{ beneath „	„ —Infracostales.
{	Two anterior Muscles	{ in front of Sternum,	—Rectus Sternalis (rudimentary).
		{ behind „	„ —Triangularis Sterni.
{	Ext. Intercostals (11)	{ attached to contiguous margins of the Ribs, from Tubercles to Anterior Angles.	
		{ extending further forwards below than above, reaching to end of Cartilages in lower two Spaces.	
		{ fibres are directed downwards and forwards.	
{	Int. Intercostals (11)	{ attached to contiguous margins of Ribs and Cartilages, from ant. extremities of Cartilages to Post. Angles of Ribs.	
		{ extending further backwards above and below than intermediately.	
		{ fibres are directed downwards and backwards. (In lower two spaces continuous with Internal Oblique).	
{	Levatores Costarum (12)	{ arising, the first from the Transverse Process of 7th Cerv. Vert., the others one from each Dorsal Transverse Proc.	
		{ inserted, one into the upper border of each Rib, between the Tubercle and Posterior Angle.	
		{ fibres directed parallel to those of External Intercostals—longer in lower than in upper spaces.	
{	Infracostales (10 or less)	{ attached to inner surfaces of contiguous Ribs between Tubercles and Posterior Angles.	
		{ fibres directed parallel to those of Internal Intercostals—stronger in lower than in upper spaces.	
{	Rectus Sternalis	{ lying along lateral portion of anterior surface of Sternum.	
		{ united above with Sterno-mastoid, below with Rectus Abdominis.	
{	Triangularis Sterni	{ arising	{ from under surface of Ensiform Cartilage and Cartilages of lower three true Ribs.
			{ „ side of Sternum as high as 3rd Cartilage.
		{ inserted into all the true Ribs (except the last two and the first) at the Costo-chondral Joints.	

Those portions of the Muscles which are *external* (viz., the External Intercostals, Levatores Costarum and the parts of the Internal Intercostals between the Cartilages), are Muscles of Inspiration.

Those portions of the Muscles which are *internal* (viz., the Infracostales, the parts of the Internal Intercostals between the Ribs and the Triangularis Sterni), are Muscles of Expiration.

**DIAPHRAGM**—*attached* { by special fasciculus to the posterior surface of the Ensiform Cartilage.  
 { „ six fasciculi „ under „ „ six lower Costal Cartilages on each side.  
 { to the Ligamenta Arcuata—Internum and Externum on each side between Ribs and Vertebrae.  
 { by the right Crus (the larger) to Bodies of 1st, 2nd, and 3rd Lumbar Vertebrae.  
 { „ „ left „ (the smaller) „ „ 1st and 2nd „ „

Of the **Central Tendon**, —the *right* leaflet is the largest, the *left* is the smallest, and the *middle* one is of medium size.

„ „ **Ligamenta Arcuata** { the *External*, overlying the Quadratus Lumborum, is attached to the last Rib & the 1st or 2nd Lumbar Trans. Proc.  
 { „ *Internal* „ „ Psoas „ „ „ Crus of Diaph. „ „ „ „ „

The Ligamenta Arcuata are formed by a thickening of the upper part of the anterior layer of the Fascia Lumborum.

Of the **Crura** { the *outer* fibres in each case pass into the corresponding side of the Diaphragm.  
 { „ *inner* „ „ „ decussate with those of the opposite side, and curve round the opposite side of the Oesophageal opening.

**Openings** { For Vena Cava, { *situated* in front and to right side of Aortic opening, between right and middle leaflets of Tendon.  
 { quadrilateral { *transmitting* the Vena Cava only. (*One Vessel*.)  
 { For Oesophagus, { *situated* in front and to left side of Aortic opening, between fibres of Crura after decussation.  
 { oval { *transmitting* Oesophagus and Pneumogastric Nerves. (*One Tube and one pair of Nerves*.)  
 { For Aorta { *situated* in front of the Vertebrae, between Crura before decussation.  
 { { *transmitting* Aorta, Vena Azygos Major and Thoracic Duct. (*One Artery, one Vein and one Duct*.)

The right and left Splanchnic Nerves and the Vena Azygos Minor pass through the corresponding Crus.

The right and left Sympathetic Cords pass under the Ligamenta Arcuata Interna, but the right cord sometimes perforates the right Crus.

IN MALE

Of posterior part.—Three.	Sphincter Ani Ext.	—Attachments	<i>behind</i> , tip of Coccyx and Superficial Fascia on each side. <i>in front</i> , Central Point of Perinæum „ „ „ „ „ „ <i>intermediately</i> its fibres split to enclose the Anus. „ „ „ „ „ „
	Levator Ani	Origin	<i>in front</i> , Body of Pubes near Symphysis (lower part of inner surface). <i>behind</i> , Spine of Ischium „ „ „ „ „ „ <i>intermediately</i> , Pelvic Fascia immediately below White Line. „ „ „ „ Some of the most anterior fibres are connected with the Triangular Ligament.
		Insertion	<i>behind</i> , side of last piece of Coccyx. <i>in front</i> , Central Point of Perinæum. <i>intermediately</i> , lower part of Rectum. Between the fixed points of insertion it forms a raphé with its fellow.
Of Anterior part.—Six.	Coccygeus	Origin Insertion	—Spine of Ischium and Small Sacro-sciatic Ligament. —Side of Coccyx and lower part of Sacrum.
	Ischio-cavernosus* (Erector Penis)	Origin	Inner surface of Tuber Ischii behind attachment of the Crus.
		Insertion	„ „ Pubic Arch on each side „ „ „ „ —by Aponeurosis into inner and outer surfaces „ „ „ „
	Bulbo-cavernosus* (Ejaculator Urinæ)	Origin	—Central Point of Perinæum and median raphé.
		Insertion	{ by <i>posterior</i> fibres to Triangular Ligament. „ <i>anterior</i> „ „ Corpus Cavernosum in front of Ischio-cavernosus. „ <i>middle</i> „ „ with its fellow in the median raphé on dorsum of Corpus Spongiosum.
	Transversalis Perinæi*	Origin	—Inner surface of Pubic Arch near Ischial Tuberosity.
		Insertion	—Central Point of Perinæum.
	Deep Transverse M.†	—Origin	—Pubic Arch close to Transversalis —Insertion, Central Point of Perinæum.
	Constrictor Urethræ†	—Origin	— „ „ above the Deep Transverse Muscle united with its fellow around Urethra.
	Circular Fibres†	—surrounding	Urethra within the Constrictor, continuous behind with the circular fibres of the Prostate.

\* Superficial to Triangular Ligament.

† Between layers of „ „

**IN FEMALE**,—the Muscles are arranged as in the Male, except in the points indicated below :—

**Levator Ani** invests the Vagina as in the Male it invests the Prostate.

**Erector Clitoridis** is smaller than the Erector Penis.

**Sphincter Vaginæ** (representing the Bulbo-cavernosus)  $\left\{ \begin{array}{l} \textit{behind} \text{ is connected with the Central Point of the Perinæum,} \\ \textit{in front} \text{ is reflected round the Corpora Cavernosa of the Clitoris,} \\ \textit{intermediately} \text{ surrounds orifice of Vagina and invests Bulb of Vestibule.} \end{array} \right.$

## MUSCLES OF THE UPPER EXTREMITY.

### MUSCLES OF THE SHOULDER.

*Three pairs of Muscles (A) are specially concerned in the movements of the Shoulder-joint, and these are supplemented by three other pairs (B) which act upon the Shoulder-girdle (the Scapula and Clavicle). Lastly there is a third group of three single Muscles (C) whose chief function it is to retain the Head of the Humerus firmly against the Glenoid Fossa.*

The Muscles of each pair present many analogies in origin, course of fibres, insertion and action.

The attachments, etc., as given on succeeding pages should be compared line by line.

**A.**—The muscles acting specially on the Shoulder-joint move the Humerus in *six* chief directions (see Diagram) thus :—

{ Pectoralis Major	moves the Humerus	<i>downwards, forwards</i>	and <i>inwards</i>	across front of Thorax.
{ Latissimus Dorsi	" " "	" <i>backwards</i>	" " "	back " "
{ Coraco-brachialis	" " "	<i>upwards,</i>	<i>forwards</i>	" " towards the Face.
{ Deltoid (post. fibres)*	" " "	" <i>backwards</i>	" " "	" " Occiput.
{ Teres Major	rotates " "	<i>inwards</i>	round its longitudinal axis.	
{ Teres Minor	" " "	<i>outwards</i>	" " "	" "

\* The other portions of the Deltoid draw the Humerus directly upwards.

**Pectoralis Major.**

<i>Origin</i>	<ul style="list-style-type: none"> <li>{ Inner <math>\frac{1}{2}</math> or <math>\frac{2}{3}</math> of Clavicle (anterior surface).</li> <li>{ Aponeurosis of External Oblique.</li> <li>{ Cartilages of lower six true Ribs, and side of Sternum.</li> </ul>
<i>Insertion</i>	<ul style="list-style-type: none"> <li>{ Outer lip of Bicipital Groove.</li> <li>{ sending three reflections {                             <ul style="list-style-type: none"> <li>one to Capsule of Shoulder,</li> <li>„ over Bicipital Groove,</li> <li>„ to Fascia of Arm.</li> </ul> </li> </ul>
<i>Course of Fibres.</i>	<ul style="list-style-type: none"> <li>{ The Sternal portion is twisted on itself, so that its lowest fibres become highest at insertion.</li> <li>{ Edge forms anterior fold of Axilla.</li> </ul>

*Beneath* is found  
Accessory Muscle—the **Pectoralis Minor**,

<i>Attachments</i>	<ul style="list-style-type: none"> <li>{ below to middle three true Ribs,</li> <li>{ above „ Coracoid Proc. of Scapula (outer <math>\frac{1}{2}</math> of ant. border),</li> <li><i>In action</i> giving increased security to the Joint by causing the Scapula to follow the movement of the Humerus produced by the Pectoralis Major.</li> </ul>
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**Coraco-brachialis.**

<i>Origin</i>	—Coracoid Process (tip).
<i>Insertion</i>	<ul style="list-style-type: none"> <li>{ On Inner Surface of Humerus about middle to a linear impression.</li> <li>{ Aponeurotic slip is reflected upwards to Capsule of Shoulder-joint.</li> </ul>

**Latissimus Dorsi.**

	<ul style="list-style-type: none"> <li>{ Posterior <math>\frac{1}{2}</math> or <math>\frac{2}{3}</math> of Iliac Crest (outer lip).</li> <li>{ Aponeurosis of Multifidus Spinæ.</li> <li>{ Spines of lower six Dorsal Vertebrae, and Supraspinous Ligament.</li> </ul>
	<ul style="list-style-type: none"> <li>{ Floor of Bicipital Groove (next Pectoralis Major).</li> <li>{ united below to lower edge of Teres Major.</li> <li>{ separated above from Teres Major by a bursa,</li> <li>{ „ from long Head of Biceps by a synovial pouch.</li> </ul>
	<ul style="list-style-type: none"> <li>{ The whole muscle is twisted on itself round Teres Major, so that the lowest fibres become highest at insertion.</li> <li>{ Edge forms posterior fold of Axilla.</li> </ul>

*Beneath* are found  
Accessory Fibres,

	<ul style="list-style-type: none"> <li>{ below from lowest three Ribs,</li> <li>{ above „ Inferior Angle of Scapula.</li> <li><i>In action</i> giving security to the movement by steadying and retaining the Inferior Angle of the Scapula under cover of the Latissimus Dorsi. (Those from Inf. Angle only so act.)</li> </ul>
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**Deltoid.**

	<ul style="list-style-type: none"> <li>{ Acromion Process (Outer edge).</li> <li>{ Clavicle (outer <math>\frac{1}{2}</math> of anterior surface).</li> <li>{ Spine of Scapula (lower border).</li> </ul>
	<ul style="list-style-type: none"> <li>{ On Outer Surface of Humerus about middle to a triangular impression.</li> <li>{ Separated by a large bursa from the Shoulder-joint.</li> </ul>

Muscles of the Upper Extremity—*continued.*

## Teres Major.

## Teres Minor.

<i>Origin</i>	{ Outer Border of Scapula (lower $\frac{2}{3}$ ) and posterior surface of Inferior Angle. Intermuscular Septum.	{ Outer Border of Scapula (upper $\frac{2}{3}$ ). Intermuscular Septum.
<i>Insertion</i>	{ Immediately below Small Tuberosity to inner edge of Bicipital Groove (for 2 inches). Immediately above Inner Head of Triceps.	{ Lowest Facet of Great Tuberosity, and bone below " " for 1 inch. Immediately above Outer Head of Triceps.

In addition to these six Muscles, the long Heads of the Biceps and Triceps assist in raising and depressing the Humerus.

<b>Biceps,</b> Long Head	{ cord-like and tendinous—lying above Head of Humerus within Capsular Ligament, giving fibres to the Glenoid Ligament.
<b>Triceps,</b> Long Head	{ flat and semi-muscular — ,, below ,, ,, outside ,, ,, ,, ,, Capsular ,,

Of these Muscles, the *first pair*—Pectoralis Major and Latissimus Dorsi—pass from the front and back of the Chest respectively in the anterior and posterior folds of the Axilla, and after twisting more or less on themselves, are inserted side by side into the Bicipital Groove.

The *second pair*—Coraco-brachialis and Deltoid—arise, the former from the Coracoid Process, the latter by its chief part from the Acromion Process, and passing, one to the outer and the other to the inner side of the Shoulder-Joint, are inserted half way down the corresponding side of the Humerus.

The *third pair*—Teres Major and Teres Minor—arise from equal lengths of the outer border of the Scapula, and are inserted, the former below the small Tuberosity above the Inner Head of the Triceps, the latter below the large Tuberosity above the Outer Head of the Triceps.

**B.**—The movements of the Humerus at the Shoulder-joint are supplemented by movements of the Scapula, produced by a second group of *three pairs* of Muscles connected with the Scapula and Clavicle.

As regards their *attachments* they may be grouped as follows:—

<i>two</i>	{ (a) Sterno-mastoid (b) Trapezius	connect the Shoulder-girdle with the Head.
<i>two</i>	{ (c) Levator Anguli Scapulæ (d) Rhomboideus Major with Rhomb. Minor	,, ,, ,, ,, ,, Spine.
<i>two</i>	{ (e) Serratus Magnus (f) Subclavius	,, ,, ,, ,, ,, Ribs.

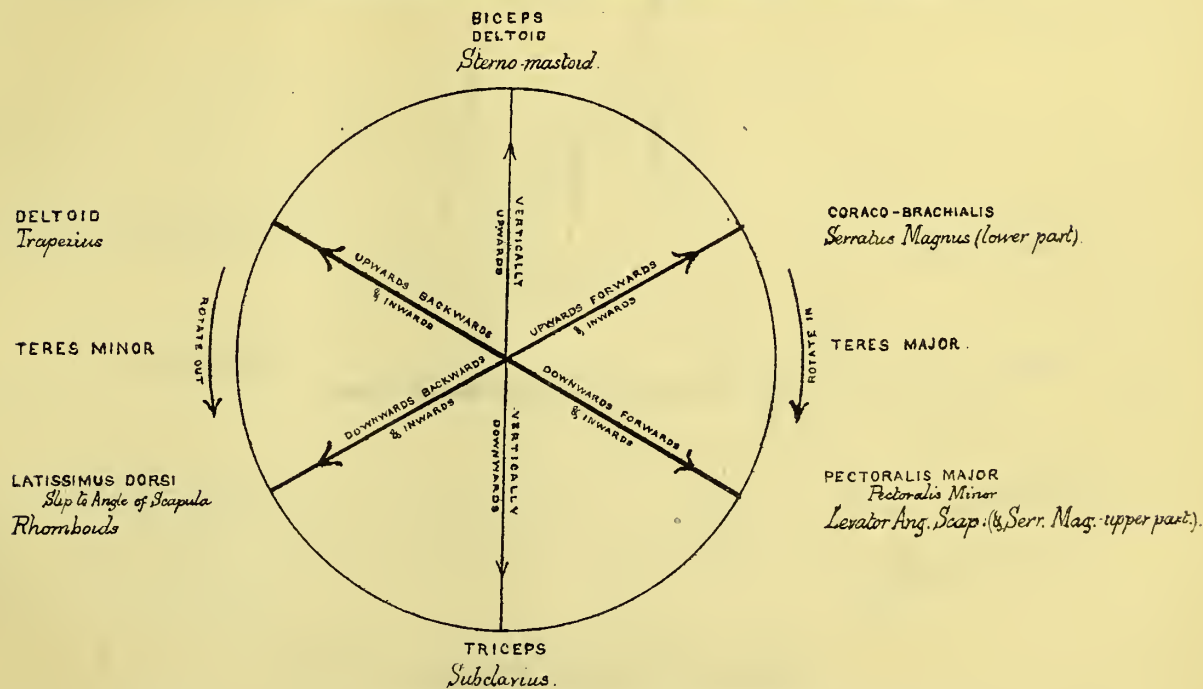
And as regards their *action*, as follows:—

*two* (a and b) raise the Shoulder-girdle and *one* (f) depresses it,

*two* (c and e) draw the Scapula forwards and rotate it, and *one* (d) draws it backwards and rotates it.

The Scapula in its movements is not only drawn directly forwards, backwards or upwards, but is also rotated round a point situated a short distance behind the Glenoid Fossa.

# MUSCLES ACTING ON SHOULDER-JOINT AND SHOULDER-GIRDLE.



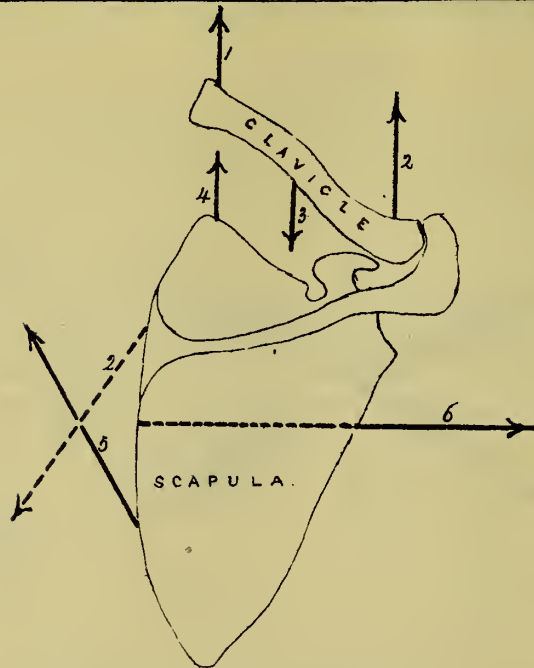
*The names in capitals refer to Muscles of the Shoulder, those in italics to Muscles of the Shoulder-girdle.*

# MUSCLES of SHOULDER-GIRDLE.

1- *Sterno-mastoid*

2- *Trapezius*

3- *Subclavius*



4- *Levator Anguli Scapulae*

5 *Rhomboidei*

6- *Serratus Magnus*

To show lines of action of Muscles.



**MUSCLES OF ELBOW.**

There are *four* Muscles acting specially on the Elbow-joint,  
*two*, Flexors —Biceps and Brachialis Anticus, lying *in front* of the Joint,  
*two*, Extensors—Triceps „ Subanconeus „ *behind* „ „

Of these { the Biceps and Triceps act also on the Shoulder, and are connected with the Ligaments of Shoulder-joint.  
 { the Brachialis Anticus & Subanconeus „ only „ Elbow „ „ „ „ its Ant. and Post. Ligaments.

Biceps { *Origin* { *Long Head*, round tendon, from upper margin of Glenoid Cavity, in connection with Glenoid Ligament.  
 { *Short* „ flattened „ „ „ apex of Coracoid Process „ „ „ Coraco-brachialis.  
 { *a third* „ muscular, in connection with insertion of Coraco-brachialis (frequently).  
 { *Insertion* { Tubercle of *Radius*, posterior part (separated from anterior part by a bursa).  
 { Deep Fascia of Forearm, over Pronator Teres, by Bicipital or Semilunar Fascia.

Triceps { *Origin* { *Long Head*, flattened, from outer border of Scapula just below Glenoid Cavity for 1 inch, connected with Capsule.  
 { *Outer* „ muscular „ post. surf. of Humerus above Musculo-spiral Groove, as high as insert. of Teres Minor.  
 { *Inner* „ „ „ „ „ „ „ below „ „ „ „ „ „ „ „ Major.  
 { *Insertion* { Olecranon Process of *Ulna*, posterior part of upper surface (separated from anterior part by a bursa).  
 { Deep Fascia of Forearm over Anconeus by a special aponeurosis.

Brachialis Anticus { *Origin* —External and Internal surfaces of Humerus (lower half), and Intermuscular Septa.  
 { *Insertion* —Coronoid Process, lower and inner part of under surface.  
 It is closely connected with the *Anterior* Ligament of the Elbow-joint.

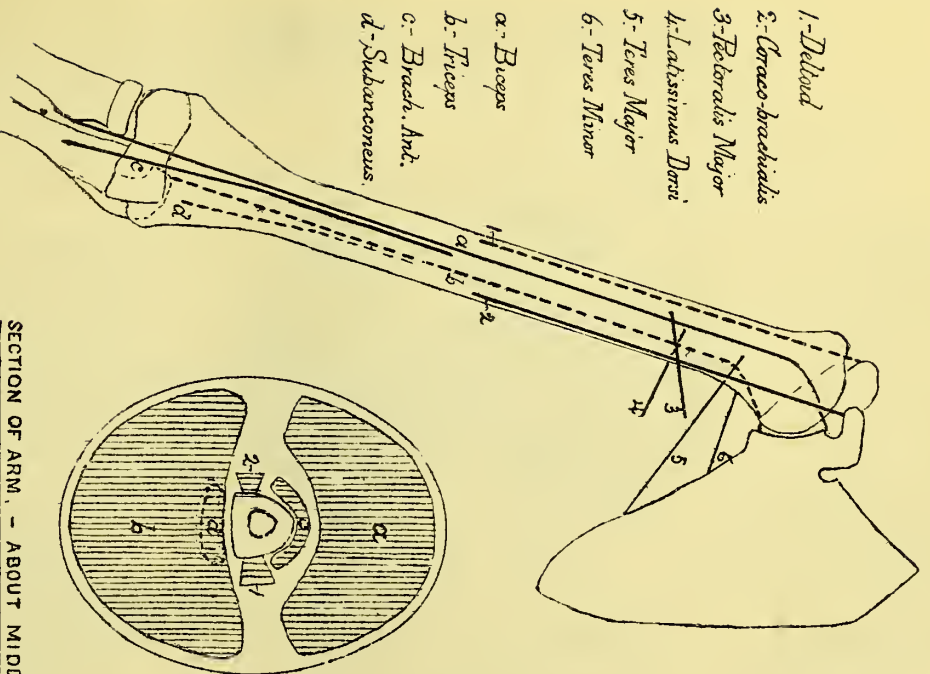
Subanconeus { *Origin* —The posterior surface of the Humerus above Olecranon Fossa.  
 { *Insertion* —Closely connected with the *Posterior* Ligament of the Elbow-joint.

The Biceps and Brachialis Anticus are supplied by the Musculo-cutaneous Nerve.

„ Triceps „ Subanconeus „ „ „ „ „ spiral „  
 The Brachialis Anticus also receives a branch from the „ „ „ „

Compare Origin and Insertion of Biceps and Triceps point by point.

# MUSCLES OF SHOULDER AND ELBOW.

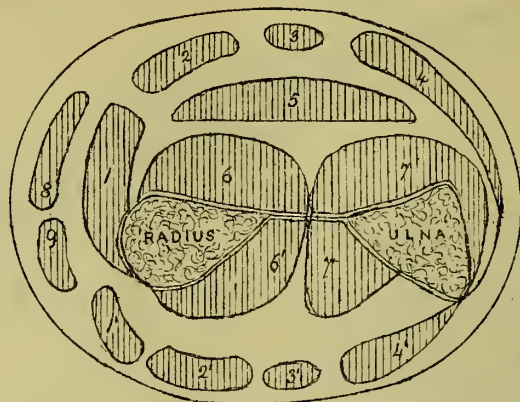


SECTION OF ARM, - ABOUT MIDDLE.

To indicate relative positions and directions of Muscles.

## MUSCLES OF FOREARM.

- 1.-Pronator Teres.
- 2.-Flexor Carpi Radialis.
- 3.-Palmaris Longus.
- 4.-Flexor Carpi Ulnaris.
- 5.-Flexor Sublimis Digit.
- 6.-Flexor Longus Pollicis.
- 7.-Flexor Prof. Digit.
- 8.-Supinator Longus.
- 9.-Ext. Carpi Rad. Long.



SECTION AT MIDDLE.

To indicate relative positions of Muscles.

- 1'-Ext. Carpi Radialis Brevior.
- 2'-Ext. Communis Digitorum.
- 3'-Ext. Minimi Digiti.
- 4'-Ext. Carpi Ulnaris.
- 6'-Ext. Ossis Metacarpi Pollicis.
- 7'-Ext. Secundi Internodii Pol.

The Ext. Primi Internodii & the Ext. Indicis are situated to the ulnar side of 6' and 7' respectively, but arise below the level of the section.

## 13-2

## Muscles of the Upper Extremity—continued.

## Deep Muscles on the Front of the Forearm.

	Pronator Quadratus.	Flexor Longus Pollicis.	Flexor Profundus Digitorum.	Flexor Sublimis Digitorum.
<i>Origins</i>	$\left\{ \begin{array}{l} \text{Radius} \\ \text{Ulna} \end{array} \right\}$ (lower 2 inches of each). Aponeurosis over it.	$\left\{ \begin{array}{l} \text{Radius (anterior surface).} \\ \text{Interosseous membrane.} \\ \text{(Special Slip sometimes from} \\ \text{Coronoid Pr.)} \end{array} \right.$	$\left\{ \begin{array}{l} \text{Ulna (ant. \& int. surf., upper } \frac{3}{4}) \\ \text{" (post. border " ")} \\ \text{Interosseous membrane.} \end{array} \right.$	$\left\{ \begin{array}{l} \text{Int. Condyle of Humerus.} \\ \text{Inner side of Coronoid Pr. of Ulna.} \\ \text{Oblique Line of Radius.} \\ \text{Internal Lateral Ligament and} \\ \text{Intermuscular Septum.} \end{array} \right.$

## Deep Muscles on the Back of the Forearm.\*

	Extensor Ossis Metacarpi Pollicis.	Extensor Primi Internodii Pollicis.	Extensor Secundi Internodii Pollicis.	Extensor Indicis.
<i>Origins</i>	$\left\{ \begin{array}{l} \text{Radius (middle } \frac{1}{3}). \\ \text{Ulna (for 2 or 3 inches below} \\ \text{Anconeus).} \\ \text{Interosseous Membrane.} \end{array} \right.$	$\left\{ \begin{array}{l} \text{Radius (below Extensor Ossis} \\ \text{Metacarp.)} \\ \text{Interosseous Membrane.} \end{array} \right.$	$\left\{ \begin{array}{l} \text{Ulna (2 or 3 in. below \& behind)} \\ \text{Ext. Ossis Metacarp.} \\ \text{Interosseous Membrane for} \\ \text{1 inch below.} \end{array} \right.$	$\left\{ \begin{array}{l} \text{Ulna (2 or 3 in. below \& behind)} \\ \text{Ext. Secundi Internodii} \\ \text{Interosseous Membrane for} \\ \text{1 inch below.} \end{array} \right.$

\* Excluding the upper two, viz., the Supinator Brevis and the Anconeus.

The *Insertions* of the Muscles are given on the next page. Compare together, first the Muscles in each Group, and then each Muscle of each Group with the corresponding Muscle of the corresponding Group.

The *two remaining superficial* Muscles of the Back of the Forearm are attached as follows :—

{	Supinator Longus	<i>Origin</i>	—External Supracondyloid Ridge (upper $\frac{2}{3}$ ) and Intermuscular Septum.
		<i>Insertion</i>	—Base of the Styloid Process of the Radius.
{	Extensor Carpi Radialis Longior	<i>Origin</i>	—External Supracondyloid Ridge (lower $\frac{1}{3}$ ) and Intermuscular Septum.
		<i>Insertion</i>	—Base of the 2nd Metacarpal Bone.

The *two remaining deep* Muscles on the Back of the Forearm are attached as follows :—

{	Supinator Brevis,	—Origin	$\left\{ \begin{array}{l} \text{External Condyle of Humerus} \\ \text{External Lateral Ligament of Elbow} \\ \text{Ulna below Lesser Sigmoid Cavity for 1 or 2 inches} \end{array} \right.$	—Insertion	$\left\{ \begin{array}{l} \text{Radius (post., ext., \&} \\ \text{ant. surfaces above} \\ \text{Oblique Line).} \end{array} \right.$
{	Anconeus,	— „	—External Condyle (by distinct Tendon)	— „	$\left\{ \begin{array}{l} \text{Ulna (post. surface} \\ \text{above Oblique Line).} \end{array} \right.$

The two former Muscles have somewhat similar origins, the two latter somewhat similar insertions.

The relative and analogous positions of the Muscles at about the Middle of the Forearm are shown in the Diagram.



Ext. of Fingers	<b>Extensor Communis Digitorum,</b>	—divides into three Tendons, the inner one subdividing later into two :—				
	Each Tendon	<div> <div> <div>becomes aponeurotic over the 1st Phalanx and unites with tendons of</div> <div>divides over head of 1st Phalanx into three</div> </div> <div> <div>Interossei and Lumbricales.</div> <div>the middle piece ending on base of 2nd Phalanx,</div> <div>„ lateral pieces „ „ „ 3rd „</div> </div> </div>				
Ext. of Thumb	<b>Extensor Indicis,</b>	—joins tendon of Extensor Communis to Index Finger.				
	<b>Extensor Minimi Digiti,</b>	—tendon divides into two portions, which join tendon of Ext. Communis to Little Finger.				
	<b>Extensor Ossis Metacarpi Pollicis,</b>	—passing over Extensores Carpi Radialis, ends on Base of 1st Metacarpal of Thumb.				
Ext. of Thumb	<b>Extensor Primi Internodii Pollicis—</b>	„	„	„	„	1st Phalanx „ „
	<b>Extensor Secundi Internodii Pollicis—</b>	„	„	„	„	2nd „ „ „

There are thus on the Back of the Forearm *one* Extensor of the Forearm and *two* Supinators, *three* Extensors of the Wrist, *three* Extensors of the Thumb, and *three* Extensors of Fingers.

The *Synovial Sheaths* at the back of the Wrist correspond with the Grooves on the Bones, for which see 'Radius' and 'Ulna.'

### MUSCLES OF THE HAND.

There are *three* Flexors and *three* Extensors of the Thumb.

„	„	<i>four</i>	„	„	<i>two</i>	„	„	Little Finger.
„	„	<i>two</i>	„	„	„	„	„	Index „
„	„	„	„	„	<i>one</i>	Extensor	„	3rd and 4th Fingers.

The Thumb and the Little Finger have each a special Abductor, and the Thumb has also a special Adductor.

The Index, Middle, and Ring Fingers have each two Interossei attached to them, which act, the one as Abductor and the other as Adductor.

The 3rd Palmar Interosseous is the Adductor of the Little Finger.

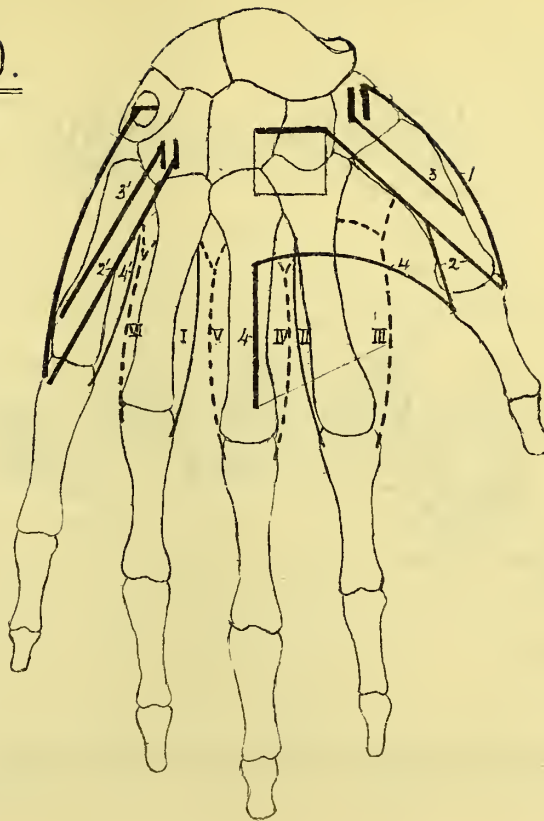
### Muscles of the Thumb.

The Extensors of the Metacarpal Bone and of the 1st and 2nd Phalanges, and the Long Flexor, have been mentioned previously.

{	Abductor,	— <i>Origin</i> —Trapezium (ridge) and Annular Ligament	Insertion,—1st Phalanx (outer side of base).
	Flexor Ossis Metacarpi (Opponens)		
		" — " " " " "	" —Metacarpal Bone (front and outer border).
	Flexor Brevis,	{ Trapezoid and " "	—by two Heads { one with Abductor, one with Adductor.
		Os Magnum and bases of 2nd & 3rd Metacarpals	
	Adductor,	— " —3rd Metacarpal (lower $\frac{2}{3}$ of Shaft)	" —1st Phalanx (inner side of base).

# MUSCLES OF HAND.

- 1- Abductor Pollicis
- 1'- " Minimi Digiti
- 2- Flexor Brevis Pollicis
- 2'- " " Min. Dig.
- 3- Opponens Pollicis
- 3'- " Minimi Dig.
- 4- Adductor Pollicis



## RELATIVE POSITIONS.

- 4'- 3<sup>rd</sup> Palmar Inteross. (Add Min. Dig).
- I- 2<sup>nd</sup> " " "
- II 1<sup>st</sup> " " "
- III- 1<sup>st</sup> Dorsal Inteross (Abd Indicis).
- IV- 2<sup>nd</sup> " " "
- V- 3<sup>rd</sup> " " "
- VI- 4<sup>th</sup> " " "

## MUSCLES OF HAND.

1-V. Metacarpal Bones.

1. - Abductor Pollicis

1' - " Min. Dig.

2. - Flexor Brevis Pollicis

2' - " " Min. Dig.

3. - Flex. Oss Met. (Opp) Pol.

3' - " " " Min Dig.

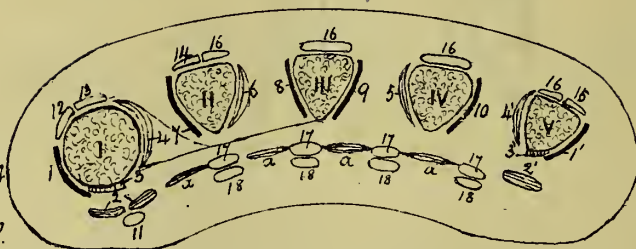
4. - Adductor Pollicis.

4' - 3<sup>rd</sup> Palmar Inteross. (Add.

5. - 2<sup>nd</sup> " " M<sup>o</sup> D<sup>i</sup>).

6. - 1<sup>st</sup> " "

7. - 1<sup>st</sup> Dorsal " (Abd. Ind.).



8. - 2<sup>nd</sup> Dorsal Interosseous.

9. - 3<sup>rd</sup> " "

10. - 4<sup>th</sup> " "

11. - Flex. Longus Pollicis.

12. - Ext. Primi Internodi Pol.

13. - " Sec. " "

14. - " Indicis

15. - " Minimi Digiti.

16. - " Communis Digitorum

17. - Flexor Profundus "

18. - " Sublimis "

α. - Lumbricales.

To show relative positions of Muscles on transverse section of Hand.

### Muscles of the Little Finger.

The Extensor Minimi Digiti, Extensor Communis, Flexor Sublimis and Flexor Profundus Digitorum have been mentioned previously.

{	Abductor,	— <i>Origin</i>	{	Pisiform Bone	<i>Insertion</i> —1st Phalanx (inner side of base).
			{	Tendon of Flex. Carpi Ulna	
{	Flexor Ossis Metacarpi— (Opponens)	— "	{	Unciform Process of Unciform	" —Metacarpal Bone (inner margin).
			{	Annular Ligament	
{	Flexor Brevis,	— "	{	Annular Ligament	" —with Abductor.

The *first* two (outer two) Muscles of the Thumb have a *common* origin, as have also the *last* two (outer two) Muscles of the Little Finger.  
All four arise from the Annular Ligament.

Overlying the Muscles of the Little Finger is the **Palmaris Brevis**  $\left\{ \begin{array}{l} \textit{arising} \text{ from Annular Ligament and Palmar Fascia.} \\ \textit{inserted} \text{ into skin of Ulnar side of Palm.} \end{array} \right.$

The **Lumbricales** are connected with the Tendons of the Flexor Profundus Digitorum.

the 1st and 2nd arising from radial	sides of the tendons to the	Index and Middle Fingers respectively.				
„ 3rd „ 4th „ „ contiguous „ „ „ „		<table> <tr> <td>Middle and Ring</td> <td>„</td> </tr> <tr> <td>Ring and Little</td> <td>„</td> </tr> </table>	Middle and Ring	„	Ring and Little	„
Middle and Ring	„					
Ring and Little	„					

Passing to the radial side of the corresponding finger, each *ends* in the Extensor Aponeurosis.

**Interossei.**

**Dorsal (4)** { *Origin* —one in each Intermetacarpal Space, from the contiguous sides of the Metacarpal Bones.

{ *Insertion* { Bases of 1st Phalanges of the Middle three Fingers, two being fixed to the Middle Finger, thus : —  
the 1st on outer side of Index Finger, the 4th on inner side of Ring Finger,  
the 2nd and 3rd on opposite sides of Middle Finger.  
A few fibres from each join the Extensor Aponeurosis over the 1st Phalanx.

**Palmar (3)** { *Origin* —Metacarpal Bones of Index, Ring and Little Fingers.

{ *Insertion* —Bases of 1st Phalanges "  
the 1st on the inner side, the 2nd and 3rd on the " outer side of the Fingers to which they belong.

The Lumbricales pass from the Flexor Tendons to the Extensor Aponeuroses.

„ Interossei „ „ Metacarpal Bones „ „ „ and the 1st Phalanges.

## MUSCLES OF LOWER EXTREMITY.

## MUSCLES ACTING UPON THE HIP AND KNEE-JOINTS.

The Muscles acting upon the Hip-joint may be divided into **six Groups**; *four* of these Groups are specially concerned with the movements of the Hip, the other *two* chiefly with those of the Knee.

In each of *two Groups* of the former set there are *six Muscles*, in each of the other *two Groups* there are *three*. One of the muscles of each of these four Groups extends below the Knee and acts upon it as well as upon the Hip. The other " " " " " are attached to the Femur and act only upon the Hip.

As in the Upper Extremity, the **movements** produced by the Muscles of each of these four Groups are *compound*, thus:—

The **First Group** consists of *three Flexors* (a), which also rotate out(b) and adduct slightly (c).

„ **Second** „ „ „ *six Adductors* (c), „ „ flex (a) „, rotate out (b).

„ **Third** „ „ „ *three Rotators in* (b'), „ „ abduct (c') „ flex (a).

„ **Fourth** „ „ „ *six Rotators out* (b), „ „ abduct (c') „ extend (a').

**FLEXORS**—*three*—two acting on the Hip and one on the Hip and Knee.

{	Iliacus	{	Origin —Iliac Fossa <i>intermediately</i> , Ilio-lumbar Ligament <i>behind</i> , and Capsular Ligament of Hip <i>in front</i> .					
		{	Insertion—Small Trochanter ( <i>lower edge</i> ) and surface of Femur below and in front of it.					
{	Psoas Magnus	{	Origin	{				
				Contiguous borders of Bodies of last Dorsal and all the Lumbar Vertebrae and intermediate Intervert. Discs.				
				Roots of Transverse Processes of				

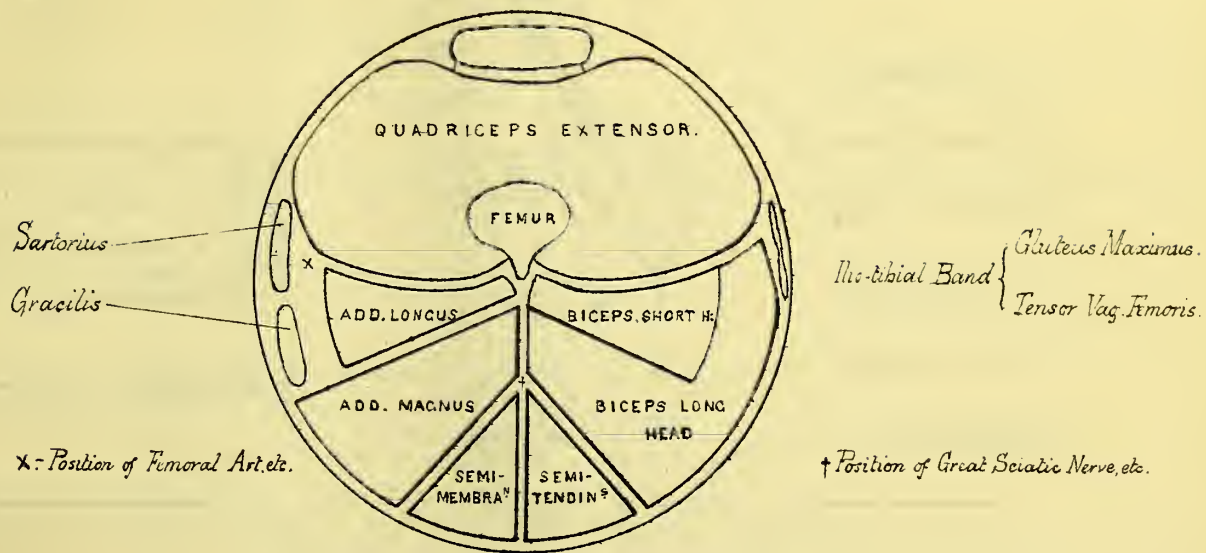
(Psoas Parvus arises with the 1st slip of origin of Psoas Magnus, and ends below in the Ilio-pectineal Eminence and Iliac Fascia.)

**Sartorius** { Origin —Anterior Superior Spine of Ilium and half the Notch below it.  
Insertion —Tibia, inner surface for  $1\frac{1}{2}$  in. by the side of Tubercle, giving expansions to Fascia of Leg and Int. Lateral Lig.

In front of the Hip-joint the Psoas is *tendinous* and is *separated* from the Capsule by a bursa, whilst the Iliacus is *muscular* and is *united* to the Capsule by muscular fibres.

These Muscles are the outer three of the six entering into the formation of Scarpa's Triangle, and are supplied by special branches of the Lumbar Plexus or of the Anterior Crural Nerve.

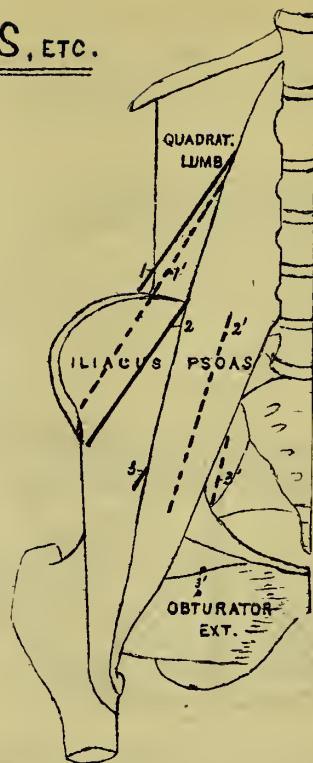
# SECTION OF THIGH.



To indicate relative positions of Muscles about middle  $\frac{1}{3}$  of Thigh.

## PSOAS MAGNUS, ETC.

- 1.- Ilio-hypogastric N.
  - 2.- External Cutaneous N.
  - 3.- Anterior Crural N.
  - 1'- Ilio-inguinal N.
  - 2'- Genito-crural N.
  - 3'- Obturator N.
- 



## RELATION TO NERVES.

- The Nerves emerge {
- 1- near upper end of outer edge of Psoas.
  - 3- " " " " "
  - 2- " mid-point " " "
  - 1'- at outer border of Psoas above
  - 3'- " inner " " below
  - 2'- through ant. surf. " intermediately

For other Relations see "Lumbar Plexus."

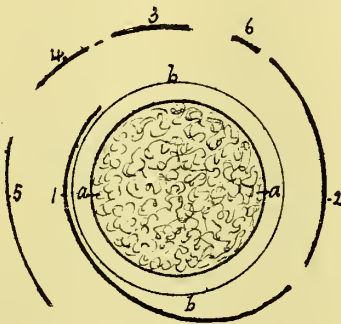
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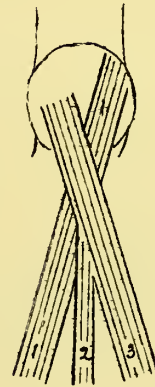
## MUSCLES. IN RELATION WITH NECK OF FEMUR.

- 1.- Tendon of Obturator Exl.
- 2.- Psoas & Iliacus.
- 3.- Obturator Int. with Gemelli
- 4.- Piriformis
- 5.- Quadratus Femoris
- 6.- Offset from Gluteus Min.



*To indicate relative position of the Muscles in relation with the Joint-Capsule as seen on transverse section of it (a) and of the Neck of the Femur (b).*

## MUSCLES ARISING FROM TUBER ISCHII.



- 1.- Semi-membranosus.
- 2.- Semi-membranosus.
- 3.- Biceps (Long Head).

*To show relation of the Muscles at & just after origin.*



**FLEXOR OF KNEE.**

Popliteus	—Origin	{ Groove on outer side of External Condyle Posterior Ligament of Knee-joint	Insertion	{ Tibia, posterior surface above Oblique Line.
-----------	---------	--	-----------	--

**FLEXOR OF HIP AND EXTENSOR OF KNEE.**

Rectus Femoris	—Origin	{ Straight Head Ant. Inf. Spine of Ilium Reflected „ rough groove above Acetabulum	„	—Patella (upper border) with the Vasti.
----------------	---------	---	---	---

**EXTENSORS OF KNEE.**

{	Vastus Externus	—Origin	{ Root of Great Trochanter, ant. and ext. Line from „ „ to Linea Aspera Linea Aspera (upper half) and Ext. Intermusc. Sept.	„ — „	(external border).
	Vastus Internus with Crureus	{	{ Ant. and lat. Surf. of Shaft of Femur (upper $\frac{3}{4}$ ) Both Intermuscular Septa	„ — „	(internal „ ).
	Subcrureus,	— „	—Femur, anterior surface (lower $\frac{1}{4}$ )	„	—Synovial Membrane of Knee-joint.

**FLEXORS OF KNEE AND EXTENSORS OF ANKLE.**

Gastrocnemius	—Origin	{ by Inner Head, from upper & outer part of Int. Condyle „ Outer „ „ „ part of outersurf. of Ext. „	„	—Os Calcis by Tendo Achillis.
Plantaris	— „	{ External Supracondyloid Ridge Posterior Ligament of Knee-joint	„	—with Tendo Achillis.

The Heads of the Gastrocnemius both arise from the outer side of the corresponding Condyle.  
The fibres of the inner head of the Gastrocnemius descend lower than those of the outer head.  
The *P*lantaris and *P*opliteus both arise from the *P*osterior Ligament of the Knee-joint.

There are thus in all fourteen Muscles acting on the Knee-joint.

Eight	{	{ Biceps Semi-tendinosus Semi-membranosus Rectus Femoris	{ with the	{ Sartorius Gracilis Tensor Vag. Fem. Gluteus Max.	{ through Ilio-tibial Band	{ acting on Hip and Knee.
Four	{	Vastus Internus Vastus Externus	{ with the	Subcrureus Popliteus		„ „ Knee only.
Two	{	Gastrocnemius, Plantaris	{			„ „ Knee and Ankle.

The three Muscles attached by the side of the Tubercle of the Tibia (Sartorius Gracilis and Semitendinosus) arise from the most prominent points of the Ilium, Pubes and Ischium respectively.



## MUSCLES OF FRONT OF LEG.

- 1- *Peroneus Tertius*
- 2- *Ext. Longus Digit.*
- 3- *Ext. Prop. Pollicis.*
- 4- *Tibialis Anticus*



## MUSCLES OF BACK OF LEG.

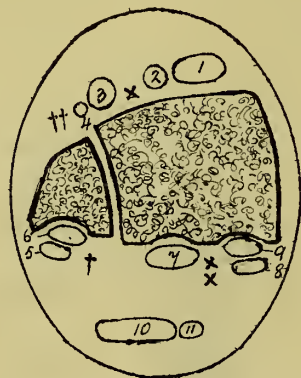
- 5- *Flexor Longus Digit.*
- 6- *Tibialis Posticus*
- 7- *Flexor Longus Pollicis*
- 8- *Peroneus Brevis.*
- 9- *Peroneus Longus.*



*To indicate relative position & length.*

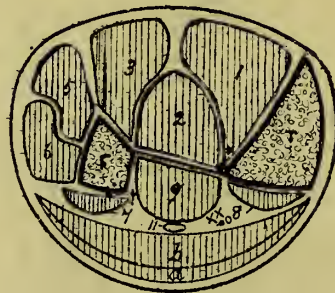
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## SECTION ABOVE ANKLE.



- |                                |                                  |
|--------------------------------|----------------------------------|
| 1.-Tibialis Anticus.           | 8.-Flexor Longus Digit.          |
| 2.-Extensor Proprius Pollicis. | 9.-Tibialis Posterior            |
| 3.-Extensor Longus Digit.      | 10.-Tendo Achillis               |
| 4.-Peroneus Tertius.           | 11.-Plantaris                    |
| 5.-" Longus                    | [Vessels etc.]                   |
| 6.-" Brevis.                   | x.-Ant. Tibial & xx Post. Tibial |
| 7.-Flexor Longus Pollicis.     | †.-Peroneal & †† Ant. Peroneal   |
|                                | T.-Tibia & F. Fibula. [Vessels.] |

## SECTION AT MIDDLE THIRD OF LEG.



- a.-Gastrocnemius.  
b.-Soleus

The other references are the same in the two Diagrams

The attachments of these four Muscles taken together extend much nearer the Knee and Ankle on the outer than on the inner side of the

Leg, thus :—

<i>Origins</i>	{	<b>Soleus and</b>	}	from the upper and lower half respectively of the outer part of the post. surf. of the Fibula.		
		<b>Flexor Longus Pollicis</b>				
		<b>Tibialis Posticus,</b>				
		<b>Flexor Longus Digitorum,</b>				
		—		„ „ „ middle $\frac{1}{4}$ of the contiguous portions	„ „	surfaces of Fibula and Tibia.
		—		„ „ „ „ $\frac{3}{4}$ „ outer part	„ „	surface of the Tibia.

Soleus is also attached to the Head of the Fibula, to the Oblique Line on the Tibia, and to a fibrous arch between them.

Tibialis Posticus is attached „ posterior surface of the Fibula internal to the Oblique Line, to the post. surface of the Tibia external to the Vertical Line, and to the Interosseous Membrane.

Flexor Longus Pollicis is attached to within 1 inch from the Ankle, the Tibialis Posticus to within 2 inches, and the Flexor Longus Digitorum to within 3 inches.

<i>Insertions</i>	{	<b>Soleus,</b>	—by Tendo Achillis to lower half of posterior surface of Os Calcis.		
		The muscular portion of the Gastrocnemius ends in tendon a little below the middle of the Leg, that of the Soleus just above the Ankle.			
		<b>Tibialis Posticus,</b>	—Tuberosity of Scaphoid, giving special offsets to all the Bones of the Tarsus and Metatarsus, except the extremes, viz., the Astragalus and the first and last Metatarsal Bones.		
		<b>Flexor Longus Digitorum,</b>	—Last phalanges of four outer Toes, as in Hand, joining Flexor Accessorius and perforating Flexor Brevis.		
		<b>Flexor Longus Pollicis,</b>	—	„	phalanx „ Great Toe

In its course the Tendon of the Flexor Longus Digitorum crosses that of the Tibialis Posticus behind the Internal Malleolus, and that of the Flexor Longus Pollicis in the Sole of the Foot, separated from the former by Synovial Membrane, but receiving from the latter a special slip.

The Tendons crossing behind the Ankle have the following relations to each other :—

In the Groove behind the Internal Malleolus lies the Tibialis Posticus with the Flexor Longus Digitorum superficial to it.

„ „ „ External „ „ Peroneus Brevis „ „ Peroneus Longus „ „ „ „ „ on Tibia midway betw. Malleoli „ Flexor Longus Pollicis, grooving also the post. border of the Astragalus.

The tendons behind each Malleolus have a common Synovial Sheath, the middle tendon has a special Sheath.

For Diagrams of the attachment of Muscles to the Bones of the Leg, see pp. 38 and 39.

## MUSCLES OF THE FOOT.

The Great Toe has two Extensors and two Flexors, a special Abductor and a special Adductor.  
 „ Little „ „ one Extensor „ three „ „ „ „ a Plantar Interosseous as „  
 „ other Toes have each two Extensors „ „ „ and two Interossei as Abductor and Adductor.

<b>Ext. Brevis Digit.</b> — <i>Origin</i>		{ Superior Surface of Great Process of Os Calcis Inferior border of Anterior Annular Ligament	<i>Insertion</i>	{ by four tendons with tendon of Extensor Proprius Pollicis and three <i>innertendons</i> of Ext. Long. Digit.
{	<b>Flexor Brevis</b> <b>Digitorum</b>	{ <i>Inner</i> Tubercle of Os Calcis Fascia and Intermuscular Septa	„	{ by four tendons into 2nd Phalanges of four <i>outer</i> Toes like Flexor Sublimis Digitorum of Hand.
	<b>Flexor Acces-</b> <b>sorius Digit.</b>	{ <i>Inner Head</i> , fleshy, from inner surface of Os Calcis <i>Outer</i> „ tendinous „ { outer edge of Inf. surf. of „ „ „ and Long Plantar Ligament	„	—Tendon of Flex. Long. Digit., outer border.
{	<b>Flexor Brevis</b> <b>Pollicis</b>	{ Cuboid and External Cuneiform Bones Ligaments between them	„	* { by two Heads into 1st Phalanx with Abductor and Adductor Pollicis.
	<b>Adductor Pol-</b> <b>licis</b>	{ Bases of 2nd, 3rd and 4th Metatarsal Bones Sheath of Peroneus Longus	„	—1st Phalanx, <i>inner</i> side of Base.
{	<b>Abductor Pol-</b> <b>licis</b>	{ <i>Inner</i> Tubercle of Os Calcis Internal Annular Ligament and Fascia	„	— „ „ „ <i>outer</i> „ „ „
* The Heads contain Sesamoid Bones, and are separated by the Tendon of the Flexor Longus Pollicis.				
{	<b>Flexor Brevis</b> <b>Min. Digiti</b>	{ Base of 5th Metatarsal Bone Sheath of Peroneus Longus	„	{ „ „ „ „ „
	<b>Abductor Min.</b> <b>Digiti</b>	{ <i>Outer</i> and <i>Inner</i> Tubercles of Os Calcis Fascia and Intermuscular Septa	„	— „ „ „ „ „
<b>Transversus Pedis</b> — „		{ Head of 5th Metatarsal Bone Transverse Metatarsal Ligament	„	{ „ „ of Great Toe, with Adductor Pollicis.

Of the three Muscles connected with the Tubercles of the Os Calcis, one the Abductor of the *Little* Toe, arises from *both* Tubercles, the others from the *Inner* Tubercle only.

Each of the above Muscles is connected at its origin partly with Bone, partly with Ligament or Fascia, and at its insertion (excluding the common Muscles of the Toes) with the Base of a 1st Phalanx. Notice the grouping in sets of three, each consisting of a pair and a single Muscle.

## MUSCLES OF FOOT. - RELATIVE POSITIONS.

1.- Abductor Pollicis

2.- " Minimi Digiti.

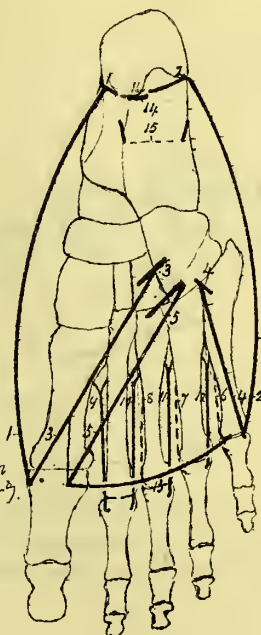
3.- Flexor Brevis Pollicis.

4.- " " Minimi Digiti

5.- Adductor Pollicis

6.- 3<sup>rd</sup> Plantar Interos. (Add Min Dig<sup>ty</sup>).

13.- Transversalis Pedis.



7.- 2<sup>nd</sup> Plantar Interosseous.

8.- 1<sup>st</sup> " "

9.- 1<sup>st</sup> Dorsal "

10.- 2<sup>nd</sup> " "

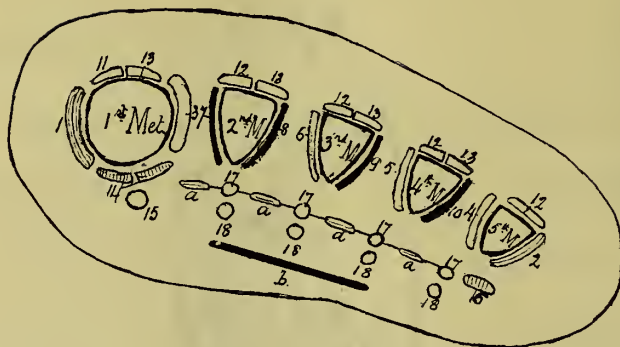
11.- 3<sup>rd</sup> " "

12.- 4<sup>th</sup> " "

14.- Flex Brev. & 15.- Flex. Access. Digiti.  
[not represented]

## SECTION OF FOOT.

- 1.- Abductor Pollicis
- 2.- " Min. Dig.
- 3.- Adductor Pollicis.
- 4.- 3<sup>rd</sup> Plant. Inteross.
- 5.- 2<sup>nd</sup> " "
- 6.- 1<sup>st</sup> " "
- 7.- 1<sup>st</sup> Dorsal " "
- 8.- 2<sup>nd</sup> " "
- 9.- 3<sup>rd</sup> " "
- 10.- 4<sup>th</sup> " "



- 11.- Ext. Prop. Pollicis.
- 12.- " Longus Digit.
- 13.- " Brevis " "
- 14.- Flexor Brevis Pollicis
- 15.- " Longus " "
- 16.- " Brevis Min. Dig.
- 17.- " Longus Digit.
- 18.- " Brevis " "
- a.- Lumbricales
- b.- Plantar Fascia.

To indicate relative positions of Muscles on transverse  
section through Metatarsal Bones.



Temporal Fascia, attached as  $\left\{ \begin{array}{l} \text{a single layer to the Temporal Ridge bounding the Temporal Fossa.} \\ \text{two layers} \quad \quad \quad \text{inner and outer borders of the Zygomatic Arch.} \end{array} \right.$

{ Inferiorly, between the two layers are { an Orbital twig from the Temporal Artery (Anastomotic Br.).  
 { a Temporal " " " Orbital Nerve (from Superior Maxillary).  
 { The *superficial* surface of the Fascia is covered by the Epicranial Aponeurosis.  
 " *deep* " " " attaches fibres of the Temporal Muscle, except below and in front.

Immediately above the Zygoma anteriorly there are *seven layers* overlying the Temporal Muscle.

1. Skin,
2. Superficial Fascia and Vessels,
3. Epicranial Aponeurosis,
4. Outer layer of Temporal Fascia,
5. Fatty tissue,
6. Inner Layer of Temporal Fascia,
7. Loose tissue over tendon of Temporal Muscle.

### Deep Cervical Fascia.

From *behind forwards* { is attached *posteriorly* to Spines of Vertebrae and Ligamentum Nuchæ,  
                                       *splits* into two layers to enclose Trapezius,  
                                       forms a single layer over the Posterior Triangle,  
                                       *splits* into two layers to enclose the Sterno-mastoid,  
                                       forms a single layer over the Anterior Triangle,  
                                       *splits* to enclose the Depressor Muscles of the Larynx,  
                                       *blends anteriorly* with the corresponding Fascia of the opposite side.

{	Connected above	with	{	Zygoma <i>posteriorly</i> .	
			{	Body of Jaw <i>anteriorly</i> .	
	,, below	,,	{	Angle of Jaw and Styloid Process <i>intermediately</i> , by a special layer forming Stylo-maxillary Ligament.	
			{	Clavicle <i>externally</i> .	
{	,, intermediately	,,	{	Anterior surface of Sternum <i>internally</i> .	[gland.
			{	Posterior " " "	by a distinct layer, separated from that attached to front of Sternum by fat and a
			{	Hyoid Bone.	
			{	Sheath of Carotid Vessels.	

{ Gives *investments* above to { Parotid Gland (viz., Parotid Fascia).  
 { Masseter Muscle (viz., Masseteric Fascia).

Forms sheaths below for { Subclavian Artery *externally*.  
 { Great Vessels passing into Thorax *internally*.

{ The sheath of the Subclavian Artery is connected with the Fascia of the Arm.  
 { " " " Thoracic Vessels " " " the fibrous layer of the Pericardium.

Develops a special *band above* by which the Sterno-mastoid is held forward towards the Angle of the Jaw.  
 " " " " *below* " " " Omo-hyoid " bound down to the 1st Rib.



**Palmar Fascia** { connected *above* with Palmaris Longus Tendon, and by deep surface with Ant. surface of Ant. Annular Lig.  
 { split *below* into four pieces, each subdivided near fingers into { processes passing to Skin,  
 ,, ,, ,, Sheaths of Tendons.

The *Common Synovial Membrane* beneath the *Anterior Annular Ligament* is distinct from the Membranes of the Sheaths of the Tendons, except in the case of the Thumb Tendon usually, and the Little Finger Tendon sometimes.

There is a *separate Synovial Membrane* within each of the six Compartments of the *Posterior Annular Ligament*.

**Sheaths of Tendons** { strong and complete opposite shafts of 1st and 2nd Phalanges, thin and weak over corresponding Joints.  
 { containing { Synovial Membranes, *giving* slender vascular folds here and there to Tendons (*Vincula Vasculosa*).  
 { Flexor Tendons, each at its insertion *giving* an offset to the head of the bone above that into which it is inserted (*Ligamentum Breve*).

## FASCIÆ OF LOWER EXTREMITY.

**Fascia Lata of Thigh** { attached { *above* to prominent points round Pelvis.  
 { *below* ,, ,, ,, ,, Knee.  
 { perforated *in front and above* by Saphenous Opening (for which see "Femoral Hernia").  
 { thickened { *behind* ,, ,, over Gluteus Medius, giving origin to it, *forming* Gluteal Fascia.  
 { *in front* ,, *below* ,, Quadriceps Tendon, blending with Apons. of Vasti ,, Retinacula of Patella.  
 { *externally* by the insertion into it of Gluteus Max. and Tens. Vag. Fem. ,, Ilio-tibial Band.

{ **Ext. Intermuscular Septum**, strong, separating Vastus Externus and Biceps (short Head).

{ **Int. Intermuscular Septum**, thin ,, ,, Internus ,, Adductor Muscles.

**Fascia of Leg** { *anteriorly*, strongest above, connected *above* with Tibia, etc.; continued *below* into Anterior Annular Lig.  
 { continuous ,, ,, Fascia of Thigh, and ,, with Internal ,, ,,  
 { *posteriorly* ,, ,, { *externally* ,, ,, on Front of Leg.  
 { attached *internally* to Internal Margin of Tibia.

A deep layer of the Fascia on the back of the leg between the superficial and deep Muscles is strongest *below*.





# VESSELS.



**ARCH OF AORTA** { *Ascending Part*, runs from 3rd *Left* Cartilage, *lower* border to 2nd *Right* Cartilage (*upper* border).  
*Transverse* " " " 2nd Cartilage on *right* side " 2nd Dorsal Vertebra on its *left* side (or 3rd, or 4th).  
*Descending* " " " 2nd Dorsal Vertebra " 3rd " " (or 4th, or 5th).

Thus the Arch passes { first from Cartilage to Cartilage, then from Cartilage to Vertebra, and then from Vertebra to Vertebra.  
 { " " 3rd to 2nd " " 2nd " " 2nd " " 2nd to 3rd "  
 { The Ascending part and the first portion of the Transverse are separated from the Sternum only by fat and remains of Thymus.  
 { " Descending " " last " " " " deeply placed in the Thorax under cover of the Left Lung.

Transverse Part	Relations	{	<i>in front</i> (5)	{	Left Vagus Nerve	and Left Phrenic Nerve, separated by
				{	Sup. Card. of Left Symp.	„ Inf. Card. of Left Vagus (the roots of Super. Card. Plex.)
				{	Left Superior Intercostal Vein.	
			<i>behind</i> (5)	{	Deep Cardiac Plexus and Left Recurrent Laryngeal Nerve.	
				{	Trachea „ Esophagus.	
			{	Thoracic Duct.		
			<i>along upper edge</i> ,	Left Innominate Vein.		
			„ <i>lower</i> „ „	Branch of Pulmonary Artery.		
			<i>in concavity</i> ,	lies the Superficial Cardiac Plexus.		
			<i>through</i> „	passes the Left Bronchus.		
	Branches, etc.	{	arising from the <i>upper</i> margin are the	{	Innominate,	
connected with the <i>lower</i> „ is „			{	Left Carotid and Left Subclavian.		
					Ductus Arteriosus (to left side).	





**N.B.**—In the case of the three chief Vessels, etc., in the five following successive positions from above down, viz. :—(1) in an Intercoastal Space, (2) in the Root of the Lung (right side), (3) in the Transverse Fissure of the Liver, (4) in the Root of the Kidney, and (5) in relation with the Internal Iliac Artery,—the Artery lies in each case between the other two, and the Vein alternates in position with the third structure, thus :—

From below upwards.		From before backwards.		
Intercoastal Space.	Root of Right Lung.	Root of Liver.	Root of Kidney.	Relations of Int. Iliac.
Nerve	<i>Vein</i>	Duct (Hepatic)	<i>Vein</i>	Ureter
Artery	Artery	Artery ( „ )	Artery	Artery (Int. Iliac)
<i>Vein</i>	Bronchus	<i>Vein</i> (Portal)	Ureter	<i>Vein</i> ( „ )

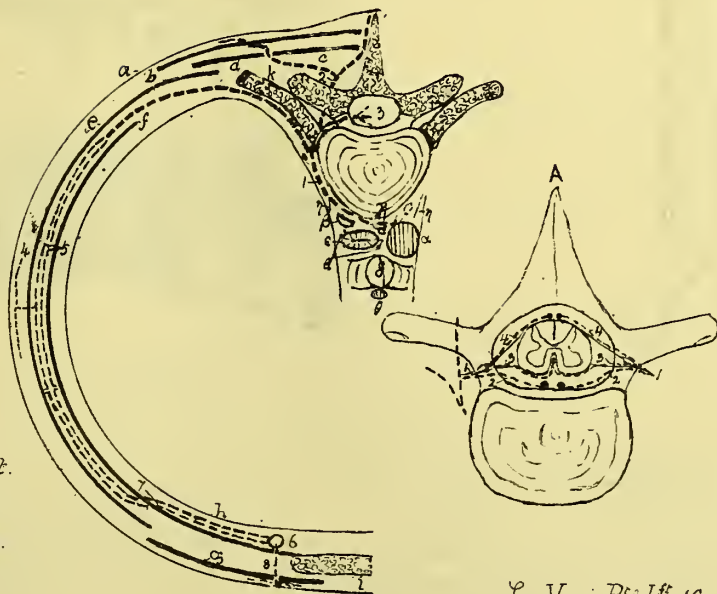
**THIRD GROUP,** —three sets of Vessels supplying the *Viscera* of the Thorax.

Two, Coronary	Right	{ arises from commencement of Arch of Aorta, appears to <i>right</i> of Pulmonary Artery, and curves round the <i>right</i> border of the Heart, lying in the groove between the <i>Right</i> Auricle and Ventricle; and giving off a branch toward the Apex in the <i>right</i> (or Posterior) Interventricular Sulcus.
	Left	{ takes a course similar to that of the Right, 'left' being substituted for 'right' and 'anterior' for 'posterior' in the above description.
Three, Bronchial	{ <i>Two</i> passing to the Left Lung (the smaller Lung) and <i>one</i> to the Right Lung (the larger Lung).	
	{ Arising directly from the Aorta from termination of Arch or from one of the Intercoastal Arteries, lying on the deep aspect of the Bronchi and Root of Lung.	
Four or Five	Esophageal	{ small, oblique, arising from Descending Aorta, passing at once to Esophagus.

# INTERCOSTAL ARTERIES.

- a.-Skin etc.
- b.-Trapezius.
- c.-Longiss Dorsi etc.
- d.-Ilio-costalis etc.
- e.-Ext. Intercostal M.
- f.-Int Intercostal M.
- g.-Pectoralis Major.
- h.-Pleura.
- i.-Sternum.
- k.-Rib.

- 1.-Aortic Intercost. Art.
- 2.-Dorsal Br. of do.
- 3.-Spinal Offset of do.
- 4.-Lateral Br. of do.
- 5.-Terminal Brs. of do.



- 6.-Int Mammary Art.
- 7.-Intercostal Brs. of do.
- 8.-Perforating Br. of do.

A: DIAGRAM of Brs. of Spinal Offset.

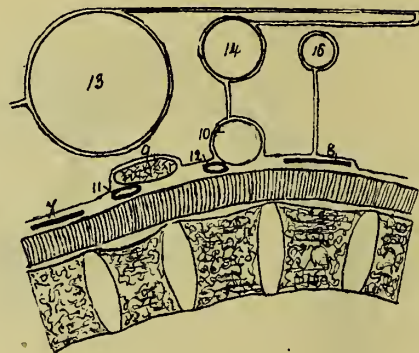
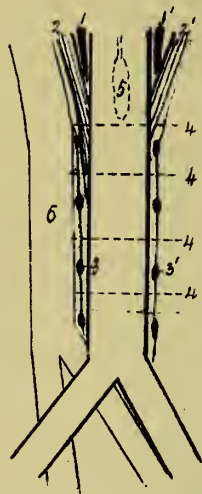
- 1.-Spinal Offset.
- 2.-Br. to Post: Vertebral Art. of <sup>same side.</sup>
- 3.- " Ant Spinal Art.
- 4.- " Post. " " of <sup>same</sup> side.

PARTS IN POST. MEDIASTINUM.

- α.-Descending Aorta. (Artery).
- β.-Vena Azygos Major. (Vein)
- γ.-Thoracic Duct. (Lymph).
- δ.-Trachea. (Resp Syst).
- ε.-Esophagus. (Alim.).

ζ.-Vagi. R<sup>i</sup> & L<sup>t</sup> (Cerebro-spinal). θ.-Mediastinal Glands (Gland<sup>ls</sup>).  
 η.-Splanchnics (Sympathetic). Connective Tissue & Fat.

## RELATIONS OF ABDOMINAL AORTA.



1-1'- *Aygos Veins, R<sup>t</sup> & L<sup>t</sup>.*

2-2'- *Crura of Diaphragm, R<sup>t</sup> & L<sup>t</sup>.*

3-3'- *Sympathetic Cords, R<sup>t</sup> & L<sup>t</sup>.*

4- *Lumbar Veins-Left.*

5- *Receptaculum Chyli.*

6- *Vena Cava Inferior.*

7- *Solar Plexus.*

8- *Aortic "*

9- *Pancreas.*

10- *Duodenum.*

11- *Splenic Vein.*

12- *Left Renal "*

13- *Stomach.*

14- *Transverse Colon.*

15- *Small Intestine.*

Course, etc.		{ continuous <i>above</i> with Thoracic Aorta at Aortic opening in Diaphragm, lying in mid-line. bifurcates <i>below</i> into common Iliacs opposite 4th Lumbar Vertebra, lying a little to left of mid-line.	
Relations.	Lies <i>between</i>	{ in the upper half of its course { the right and left Crura of the Diaphragm. " lower " " " " " " " Azygos Veins (V. A. Major and V. A. Minor). " " " " " " " " Cords of the Sympathetic.	
	" <i>upon</i>	{ Anterior Common Ligament of Vertebrae. Receptaculum Chyli above. Left Lumbar Veins (4) lower down.	
	" <i>beneath</i>	{ Stomach Transverse Colon Small Intestine	{ separated from them by folds of Peritoneum.
		{ Solar Plexus, at commencement Aortic " just before termination Pancreas	{ being immediately in relation with them.
		* { Splenic Vein Duodenum (3rd part) Left Renal Vein	

\* Two Plexuses, two Veins and two Viscera.

The Vena Cava Inferior lies to its right side below, but is separated from it above by the Right Crus of the Diaphragm.

Only one of the Veins opening into the Vena Cava Inferior crosses the Aorta (viz., Left Renal).  
" " " Branches of the Abdominal Aorta " " Vena Cava Inferior (viz., Right Spermatic).

The **Branches** of the Abdominal Aorta, like those of the Thoracic, may be arranged in *three Groups*, each consisting of *three Vessels* or sets of Vessels.

The *First Group* comprises three *single Arteries* which supply the *Alimentary Viscera*.  
" *Second* " " " *pairs of* " " " " *Non-alimentary* "  
" *Third* " " " *sets* " " " " *Abdominal Parietes*.

## FIRST GROUP.

Three *single Vessels*, arising from the front of the Aorta { the Celiac Axis  $\frac{1}{4}$  inch below Diaphragm.  
" Sup. Mesenteric  $\frac{1}{2}$  " lower down.  
" Inf. " 2 inches above bifurcation.

## Abdominal Aorta—continued.

**Coeliac Axis,** —appears at upper border of Pancreas, runs forward for  $\frac{1}{4}$  inch, and divides into 3 branches :—

*Gastric*, —runs up & to the *left* on to Œsophagus, & curving on itself runs down, & to right along upper border of Stomach.

*Hepatic* { Course, —passes to *right* along upper border of Pancreas, then curves upwards to enter Transverse Fissure of Liver.

{ Branches { *Pyloric*,           to upper border     of Stomach, joins termination of Coronary Artery.  
       { *Post. Pyloric*   ,, posterior surface ,, small end of Stomach.  
       { *Gastro-duodenal\** , lower border of Stomach, and to Duodenum and Pancreas, joins branches of Splenic.  
       { *Terminal Branches* (2) to Liver { Right, giving off Cystic Artery to Gall Bladder.  
  Left   ,,   ,, Spigelian   ,,   ,, Spigelian Lobe.

For the relative position of the Structures in the Transverse Fissure see 'Intercostal Arteries,' p. 118.

\* Subdivided into Right Gastro-epiploic and Superior Pancreatico-duodenal.

<i>Splenic</i>	{	Course,	—runs directly to the <i>left</i> along the upper border of the Pancreas in a sinuous manner.			
		Branches	{	<i>Vasa Brevia,</i>	to the <i>large end</i>	of the Stomach.
				<i>Left Gastro-epiploic</i>	" "	<i>lower border</i> " "
				<i>Pancreatic</i> (and <i>Pancreatica Magna</i> )	" "	<i>left end</i> " Pancreas.
				<i>Terminal Branches</i> (4 or 5)	" "	Spleen.

Thus the Branches of the Hepatic correspond to those of the Gastric and Splenic together, except in the fact that the Branches of the Hepatic to the Pancreas and the lower border of the Stomach arise by a common trunk instead of as separate offsets.  
See also 'Arteries of Stomach and Pancreas.'

**Superior Mesenteric** - { appears at the lower border of the Pancreas, runs down towards the Right Iliac Fossa, and gives off *six* Branches or sets of Branches (3 to Small Intestine and 3 to Large Intestine) as under :—

Branches	{	To 3rd part of Duodenum and right end of Pancreas,—	Inferior Pancreatico-duodenal.
		„ Jejunum and Ileum,	—Intestinal Branches (12 to 15).
		„ lower end of „	—Terminal Branch.
	{	„ Ileo-cæcal valve and Cæcum,	—Ileo-colic „
		„ Ascending Colon,	—Right Colic „
		„ Transverse „	—Middle „ „

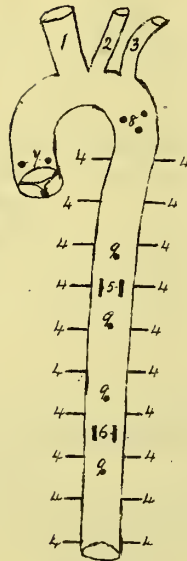
The Inferior Pancreatico-duodenal joins the Superior from the Hepatic.

" three Arteries to the Colon " " " " " " " " " " 1 " 2 " " "

# BRANCHES OF AORTA.

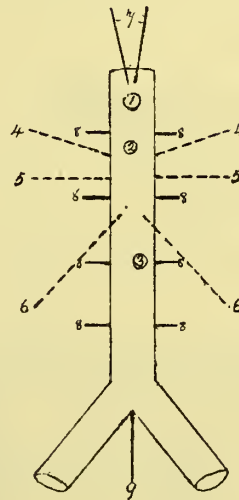
## THORACIC AORTA.

- EXTRA-THOR. BR. {  
 1.- Innominate Art.  
 2.- Left Common Carotid.  
 3.- Left Subclavian Art.
- PARIETAL BR. {  
 4.- Intercostal Arts. - R<sup>t</sup> & L<sup>t</sup>.  
 5.- Mediastinal Brs.  
 6.- Pericardiac ".
- VISCERAL BR. {  
 7.- Coronary - R<sup>t</sup> & L<sup>t</sup>.  
 8.- Bronchial - " "  
 9.- Esophageal.

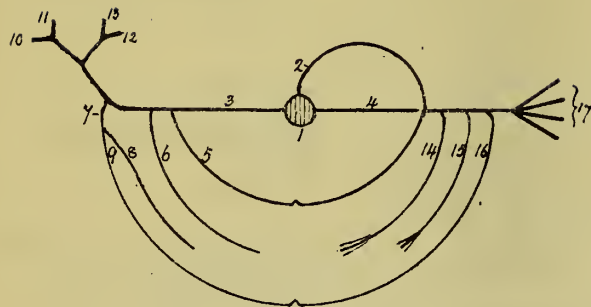


## ABDOMINAL AORTA.

- ALIMENT. BR. {  
 1.- Coeliac Axis.  
 2.- Sup. Mesenteric Art.  
 3.- Inf. " "
- VISCERAL BR. {  
 4.- Suprarenal Arts. - R<sup>t</sup> & L<sup>t</sup>.  
 5.- Renal " "  
 6.- Spermatic " "
- PARIETAL BR. {  
 7.- Diaphragmatic "  
 8.- Lumbar " "  
 9.- Middle Sacral Art.

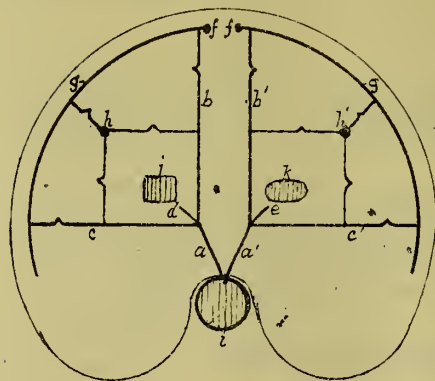


## COELIAC AXIS.



- |                                 |  |
|---------------------------------|--|
| 1.- Celiac Axis.                | 9.- R <sup>t</sup> Gastro-epiploic Art.  |
| 2.- Coronary (Gastric) Art.     | 10.- Cystic Art.                         |
| 3.- Hepatic Art.                | 11.- Br to R <sup>t</sup> Lobe of Liver. |
| 4.- Splenic "                   | 12.- " Left " "                          |
| 5.- Pyloric "                   | 13.- " Spig <sup>ls</sup> " "            |
| 6.- Post Pyloric Art.           | 14.- Vasa Brevia.                        |
| 7.- Gastro-duodenal Art.        | 15.- Pancreatic Brs.                     |
| 8.- Pancreatico " "             | 16.- Left Gastro-epiploic Art.           |
| 17.- Term. Brs. of Splenic Art. |  |

## DIAPHRAGMATIC ART<sup>s</sup>



- |  |  |
|--|--|
| a & a' - Diaphragm <sup>ts</sup> Art <sup>s</sup> R <sup>t</sup> & Left. | g.- Musculo-phrenic Arts                                 |
| b & b' - " " Ant. Div <sup>s</sup> .                                     | h.- Comes Nervi Phrenici R <sup>t</sup> & L <sup>t</sup> |
| c & c' - " " Lat. " "  | i.- Aorta.   |
| d.- Br. to Vena Cava.  | j.- Vena Cava Opening.                                   |
| e.- " Esophagus.   | k.- Esophageal   |
| f.- Internal Mammary Arts.   |  |

Inferior Mesenteric { passes downwards and a little to the left to enter the Pelvis, and  
 { gives off *three* Branches to the Large Intestine as under :—

Branches	{	To the Descending Colon,—the Left Colic	Branch.
		„ „ Sigmoid Flexure, — „ Sigmoid	„ (double or triple).
		„ „ Rectum, — „ Superior Hæmorrhoidal	„ (double).

The Left Colic and Sigmoid Branches anastomose like the Colic Branches of the Superior Mesenteric.  
 „ Superior Hæmorrhoidal gives its two terminal branches to the sides of the Rectum.

{ Each of the Branches of the Abdominal Aorta above-named is accompanied by a corresponding Plexus of Sympathetic Nerves.  
 { The Corresponding Veins (except the Hepatic) are directly or indirectly connected with the Portal Vein (see Veins).

## SECOND GROUP.

*Three pairs* of Vessels arising from the sides of the Aorta, as under :—

Suprarenal, —Right and Left,—arise opposite Superior Mesenteric, and pass directly to the Suprarenal Capsules.

(The Suprarenal Capsule also receives twigs from the Diaphragmatic and Renal Arteries).

Renal, —Right and Left,—arise  $\frac{1}{2}$  an inch below the Superior Mesenteric, the Right lower than the Left.

Branches	{	4 or 5 terminal branches to the Kidney.
		a small branch upwards to the Suprarenal Capsule.
		„ „ „ downwards „ Ureter.
		a few twigs outwards „ fat behind the Kidney.

{	Spermatic, Right and Left,	{	arise from the forepart of the Aorta $\frac{1}{2}$ inch below the Renal,
			pass obliquely downwards to the Psoas Muscle, the Right Artery crossing the Vena Cava Inferior, cross the Ureter, rest on the External Iliac Artery, and enter the Spermatic Cord in the Internal Abdominal Ring, become tortuous behind the Testis, supply it and join the Artery of the Vas Deferens.
{	or. Ovarian, Right and Left	{	correspond to the Spermatic Arteries as far as the Margin of the Pelvis.
			They then turn down and in, into Broad Ligament, become tortuous, and enter attached margins of Ovaries. Each Artery gives twigs to the Fallopian Tube, to the Round Ligament, and to join the Uterine Artery.

The Right Artery thus crosses a Vein, an Artery and a Duct,—the Left an Artery and a Duct only.

{ Each of the above Arteries is accompanied by the corresponding Plexus of Sympathetic Nerves.  
 { The Suprarenal and Renal Arteries have each a corresponding Vein ; the Spermatic have each two Venæ Comites.

**THIRD GROUP.***Three sets of Vessels, as under :—*

- Middle Sacral** (single) { arises from bifurcation of Aorta,  
passes vertically downwards along mid-line of Sacrum to Coccyx,  
gives twigs to Sacrum and Rectum, and joins the Lateral Sacral.
- Diaphragmatic** (two) { arise separately or together from Abdominal Aorta at its commencement, or from Celiac Axis,  
pass thence on Diaphragm, the Right towards the Vena Cava, the Left towards the Oesophagus,  
each dividing behind the corresponding tube into two terminal branches.
- Terminal Branches* of each { include the corresponding Opening (for Vena Cava or Oesophagus) in the angle between them,  
and pass { one forwards to the Sternum to join Phrenic Branches of Internal Mammary.  
                  " outwards " Ribs " Musculo-phrenic " and Intercostals.  
The Right Diaphragmatic supplies twigs to the Vena Cava, the Left to the Oesophagus.  
Each gives offsets to the corresponding Suprarenal Capsule.
- Lumbar** (4 pairs) { arise, one pair opposite each of the upper 4 Lumbar Vertebrae,  
pass under Psoas Muscle between points of attachment to Vertebrae,  
divide into Abdominal and Dorsal Branches.
- Abdominal Branches* { pass out behind Quadratus and Transversalis,  
anastomosing with the other Arteries of the Abdominal Parietes.
- Dorsal* " resemble closely the corresponding branches of the Intercostal Arteries.
- The Abdominal Branches are separated from the Abdominal Cavity chiefly by 3 successive Muscles, viz., the Psoas, Quadratus and Transversalis.

**COMMON ILIAC ARTERIES.**

- Course** { from bifurcation of Aorta to Lumbo-sacral Joint, where each Vessel divides into Ext. and Int. Iliac Arts. of same side.  
indicated on the surface by a line drawn from left of Umbilicus towards middle of Poupart's Ligament.  
Both Vessels lie between the Vertebral Ligaments and the Peritoneum.
- Relations** { **Right** { Right Common Iliac Vein crosses *behind* it below, and the Left behind it above.  
                  " Ureter and Right Root of Hypogastric Plexus cross *in front* of it.  
                  { The Common Iliac Veins unite to form the Vena Cava Inferior on the right of the Artery at its commencement.
- { **Left** { Left Common Iliac Vein lies *on its right* side.  
                  " Ureter, Left Root of Hypogastric Plexus and Superior Hæmorrhoidal Artery cross *in front* of it.
- There are thus four Structures in relation with each Vessel :—  
On the right side two cross in front and two behind.  
" " left " three " " " one lies on the right side (none being behind).

Course	{ runs from Lumbo-sacral Joint to upper border of Sacro-sciatic Foramen, { ends by subdividing into two trunks, Anterior and Posterior.
--------	--

**Relations.** —*in front* the Ureter, *behind* the Internal Iliac Vein (separating it from the Lumbo-sacral Cord).

For other parts with analogous relations see 'Intercostal Arteries,' p. 118.

The **Branches**, like those of the Thoracic or Abdominal Aorta, may be arranged in *three Groups*, each consisting of *three Vessels* or sets of Vessels.

The *First Group* comprises three Arteries, which supply *parts external* to the Pelvis.

[illegible]

FIRST GROUP.

Three single Vessels { two terminal branches of the Anterior Division } of the Internal Iliac.  
 one " branch " Posterior " }

**Pudic** { leaves Pelvis through the Great Sacro-sciatic Foramen lying on Ischial Spine internal to Sciatic Artery, etc.  
 re-enters " " " Small " " below " " between accompanying Nerves.  
 runs along outer wall of Ischio-rectal Fossa " in aponeurotic Canal superficial to Pudic Nerve.  
 enters between layers of Triangular Ligament, and piercing the anterior, divides into 2 terminal branches.

*Relations* { lies first on Pyriformis and Sacral Plexus of Nerves, separated from them by Pyriformis Fascia.  
 { „ next „ Spine of Ischium between Pudic Nerve on inner and Nerve to Obturator Internus on outer side.  
 { „ „ „ Obturator Internus Muscle „ „ „ above „ Perineal Branch of Pudic Nerve below.

<i>Branches, six</i> (all primary)	{	<i>two</i> in Ischio-rectal Fossa,	—Inferior Hæmorrhoidal and Superficial Perineal.
		<i>two</i> „ relation with Triangular Lig.,	—Transverse Artery „ Artery of Bulb.
		<i>two</i> terminal,	—Dorsal Artery and Artery of Corpus Cavernosum.

Compare with the Branches of the Pudic Nerve.

**Sciatic** { Passes out of Pelvis along with and on outer side of the Pudic Artery, having similar relations.  
 „ down between Tuber Ischii and Great Trochanter to end opposite lower border of Gluteus Maximus.

*Branches* { *one upwards* to join Gluteal,  
 „ *forwards* (Anastomotic) towards upper border of Great Trochanter.  
 „ *backwards* (Cocegyeal) through Great Sacro-sciatic Ligament to back of Coceyx.  
 „ *downwards* (Comes Nervi Ischiatic) to substance of Great Sciatic Nerve.  
 Small twigs are given to the Hip-joint, and to the Muscles and Skin behind it.

## Internal Iliac Artery—continued.

Gluteal, —Leaves Pelvis at upper border of Pyriformis, and divides at once into terminal branches.

*Branches* { *one outwards* (Superficial Branch) to supply Gluteus Maximus.  
 " *forwards* (Deep " ) double to accompany the Superior Gluteal Nerve.  
 " *downwards*, to communicate with the Sciatic Artery.  
 " *backwards* (Sacral) over Sacrum, to communicate with the Coccygeal Branch of the Sciatic.  
 The Deep Branch supplies offsets to the Hip-joint.

**SECOND GROUP** { *One* single Vessel and *one* pair of Vessels from Posterior Division } of Internal Iliac.  
*One* " " " " Anterior " }

**Ilio-lumbar,** —passes beneath Psoas to margin of Iliac Fossa, and divides into Lumbar and Iliac Divisions.

<i>Branches</i>	{ Lumbar Division { Iliac "	{ passes <i>upwards</i> and turns <i>outwards</i> opposite the last Lumbar Vertebra, beneath the Quadratus, { and gives branches like a Lumbar Artery. { passes directly <i>outwards</i> and gives branches to Iliacus Muscle and Ilium.
-----------------	--------------------------------	--

**Lateral Sacral** { the *upper* Vessel (the larger) ends over the upper part of the Sacrum.  
the *lower* " " " " lower " " "

*Both Vessels* { descend obliquely, supplying the subjacent structures, and  
give Dorsal offsets through the Sacral Foramina to the Spinal Cord and Back of Sacrum.

Obturator { passes directly forward to Obturator Groove at upper and outer part of Obturator Foramen.  
lies in Sub-peritoneal tissue below Obturator Nerve, and  
divides beneath Obturator Externus Muscle into two terminal branches.

<i>Branches</i>	{	<i>Within</i>	Pelvis {	offsets to Iliacus Muscle and Ilium,	joining Branches of Ilio-lumbar.
		" "	" "	Pubes and Bladder (Pubic)	" " " Epigastric.
	{	<i>External to</i>	" {	External Terminal Branch, winding ext. round Obturator For., supplying muscles and Hip-joint	} joining below Foramen
		" "	" {	Internal " " " " " " " " only	

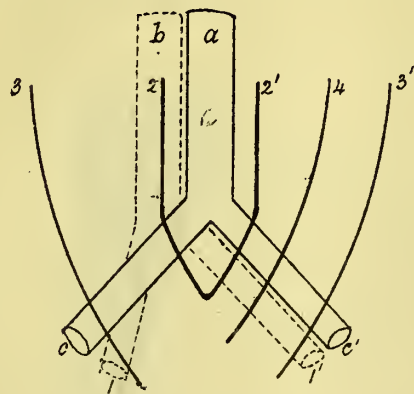
**THIRD GROUP,** —*One single, one double and one triple Vessel from the Anterior Division of the Internal Iliac.*

**Middle Hæmorrhoidal**,—passes direct to Rectum (often from Inferior Vesical).

{	Uterine	{ enters Uterus at Neck and passes upwards tortuously, gives twigs to Bladder and Ureter, and joins offset from Ovarian.
	Vaginal	

{	Superior Vesical—(lower part of obliterated Hypogastric Artery) supplies summit of Bladder.
{	Middle „ —(given off from Superior Vesical) supplies sides of Bladder, Vas Deferens and Ureter (lower end).
{	Inferior „ —generally arising separately „ Base „ „ Prostate and Vesiculæ Seminales.

## RELATIONS OF COMMON ILIAC ART<sup>s</sup>



*a* - Aorta

*b* - Vena Cava Inferior

*c* & *c'* - Common Iliac Arts. R<sup>t</sup> & L<sup>t</sup>

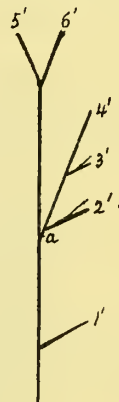
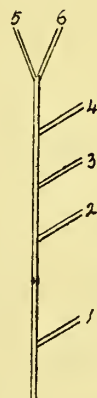
1 & 1' - Common Iliac Veins R<sup>t</sup> & L<sup>t</sup>

2 & 2' - Roots of Hypogastric Plex.

3 & 3' - Ureters R<sup>t</sup> & Left.

4 - Sup. Hemorrhoidal Art.

## BRANCHES OF INT<sup>l</sup> PUDIC ART. AND PUDIC N<sup>v</sup>.



### INT. PUDIC ARTERY.

1. Inf. Hemorrhoidal Art.

2. Superficial Perineal "

3. Transverse "

4. Artery of Bulb. "

5. Art. to Corpus Cavernosum.

6. Dorsal Art. of Penis.

### PUDIC NERVE.

1' - Inf. Hemorrhoidal Nerve.

a - Perineal Division.

2' - Superficial Perineal.

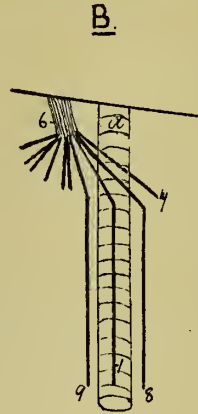
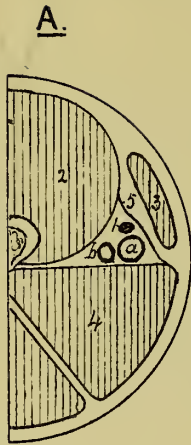
3' - Muscular (Deep. " ").

4' - Br. to Corp. Spong.<sup>m</sup> (Bulb).

5' - " " " Cavernosum.

6' - Dorsal Nerve of Penis.

## RELATIONS OF FEMORAL ARTERY.



A.-Relative position of Art. in its lower  $\frac{2}{3}$  2- Quadriceps Extensor.

B.-Relation of Artery to Nerves.

3- Sartorius.

C.- " " " " Vessels.

4- Adductor Muscles.

a- Femoral Artery.

5- Fascia of Hunter's Canal.

4.- Nerve to Vastus Internus.

b- " Vein.

10- Iliacus

c.- Profunda Artery.

6- Ant. Crural Nerve.

11- Psoas Magnus.

1.- Internal Saphenous N.

7- Nerve to Pectineus.

12- Pectineus.

8- Int. Cutaneous Nerve.

## FEMORAL ARTERY.

**Course, etc.** { Enters Thigh beneath *mid-point* of Poupart's Ligament, resting on the Psoas, the *middle* Muscle of Scarpa's Triangle.  
Lies at first *superficially* beneath Integuments in Scarpa's Triangle, then *deeply* beneath Sartorius in Hunter's Canal.  
Is enclosed at first in *Crural Sheath* in Scarpa's Triangle, then is covered by *fibrous reflection* in Hunter's Canal.  
Becomes continuous below with Popliteal Artery at opening in Adductor Magnus Muscle.

**Relation to Vessels, Nerves,** { The Profunda Artery is at first to its *outer* side, and next (at Apex of Triangle) *beneath* it, separated by Fem. & Prof. Veins.  
" Femoral Vein " " *inner* " " and gives " branches round " it, thus :— " and lastly (in Hunter's Canal) to [its *outer* side].  
" Ant. Crural Nerve " "  $\frac{1}{2}$  in. " *outer* " " and gives " branches round " it, thus :—  
Nerve to Pectineus crosses *beneath* the Artery *transversely* above.  
Int. Saphenous Nerve lies *over* " "  
Nerve to Vastus Internus " to *outer* side of " "  
Int. Cutaneous N. (post. div.) " " *inner* " " "  
The Obturator Nerve gives a branch to supply the Artery from its Superficial Division.

**and Muscles** { As compared with the Profunda Femoris its relations are as follows :—  
The Femoral rests successively on the Psoas, Pectineus, Adductor Brevis and Adductor Longus.  
The Profunda " " " Iliacus " " " " Magnus.  
The Femoral is separated from the Adductor Brevis by a little fat, and it may rest on the Adductor Magnus at its termination ; the lower-most fibres of the Adductor Longus, however, are often blended with those of the Adductor Magnus.

Near the **Base of Scarpa's Triangle** the chief structures lie side by side from *without inwards* as follows :  
Iliacus Psoas Pectineus  
supporting Anterior Crural Nerve, supporting Femoral Vein supporting  
Profunda Artery. Femoral Artery. Crural Canal (*i.e.*, inner side of Crural Sheath).

At the **Apex of Scarpa's Triangle** the chief structures lie superposed from *before backwards* in the following order :—  
Femoral Artery, — Femoral Vein, — Profunda Vein, — Profunda Artery.

At the **upper part of Hunter's Canal** the chief structures are from *before backwards* in the following order :—

Sartorius— { Femoral Artery and Vein } —Adductor Longus— { Profunda Artery and Vein } —Adductor Magnus.  
Internal Saphenous Nerve { Deep Branch of Obturator Nerve }

In the last-named situation the Femoral Artery lies in a position as regards the Muscles similar to that of the Carotid in the Neck *i.e.*, in the Angle between two sets of Muscles covered by a third Muscle (see Diagram).

There are *five* named Branches of the Femoral Artery, *three* arising close together, and *two* at a distance apart.

„ „ „ „ „ Profunda „ two „ „ „ „ three „ „ „

A *sixth* set of unnamed Muscular Branches also arises from each Vessel.

**Superficial Ext. Pudic, Superficial Epigastric and Superficial Circumflex Iliac**, the *three* contiguous Branches of the Femoral, are all superficial, radiating from the upper part of the Femoral Artery to supply the Integuments of the lower part of the Abdomen and Groin.

The **Profunda**, the *fourth* branch, arises from the Femoral  $1\frac{1}{2}$  in. below Poupart's Ligament (see above).

The **Anastomotica Magna** „ *fifth* „ „ „ „ at the Opening in the Adductor Magnus, and

divides into three Branches { one running down to inner side of Knee *superficially*, accompanying the Internal Saphenous Nerve.  
 „ { „ „ „ „ „ *deeply*, accompanying branch to Knee from Nerve to Vastus Internus.  
 „ { „ lying along tendon of Adductor Magnus in substance of Vastus Internus.  
 „ crossing *transversely* above the Knee to join Superior External Articular Artery beneath Quadriceps Extensor.

The **Muscular Branches** have no definite arrangement.

The *two* contiguous Branches of the **Profunda** arise near its origin, and are distributed as follows :—

**External Circumflex** { passes *outwards* beneath the Sartorius and Rectus,  
 and supplies, by Ascending, Transverse and Descending Branches, the whole of the outer side of the Thigh.

**Internal Circumflex** { passes *backwards* between { Psoas and then between { Adductor Brevis and } & appears at back { Adductor Magnus &  
 between { Pectineus, { Obturator Externus, } between { Quadratus Femoris.  
 and supplies { the Adductor Muscles and Hip-joint, giving a special branch to the Great Trochanter  
 which appears above the Quadratus.

The **Sup. Middle and Inf. Perforating\*** (the other *three* named Branches of the Profunda) { arise at intervals from the Profunda, the  
 „ **Muscular\*** Branches of the Profunda (five in number) pierce the Adductor Magnus a little internal to the Perforating. { Middle supplying a branch to the Femur.

\* For termination see p. 123.

POPLITEAL ARTERY.

[illegible]

There are *five* named **Branches** of the Artery, and a *sixth* set of unnamed Muscular Branches (as in the case of the Femoral and Profunda Arteries).

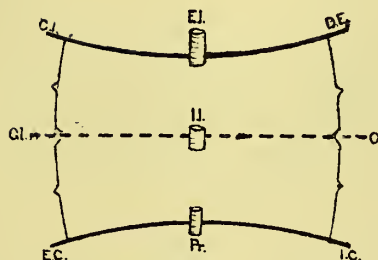
Superior External Articular	passes <i>outwards above</i>	Outer Condyle of Femur, <i>beneath</i>	Biceps Tendon, to end in Vastus Externus.
Superior Internal Articular	„ <i>inwards</i> „	Inner „ „ „ „	Adduc. Magnus „ „ „ „ Internus.
Inferior External Articular	„ <i>outwards</i> „	Head of Fibula „	Ext. Lateral Lig. „ beneath Lig. Patellæ.
Inferior Internal Articular	„ <i>inwards below</i>	Inner Tuberosity of Tibia „	Int. „ „ „ „ „
Middle or Azygos Articular	pierces the Posterior	Ligament to supply the internal	structures of the Joint.

**Muscular Branches** supply the Muscles bounding the Space above and below (the lower set being named Sural).



# ANASTOMOSES AROUND HIP.

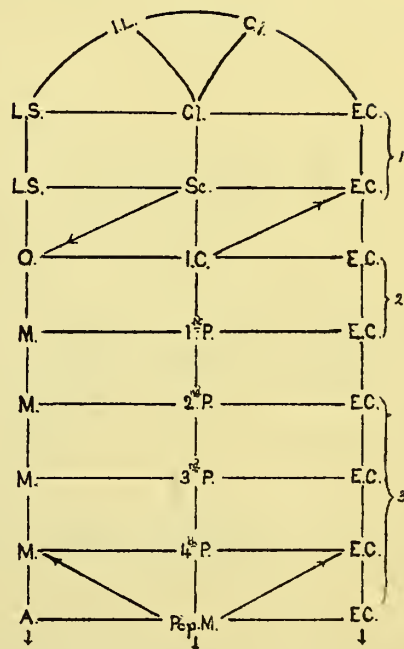
IN FRONT.



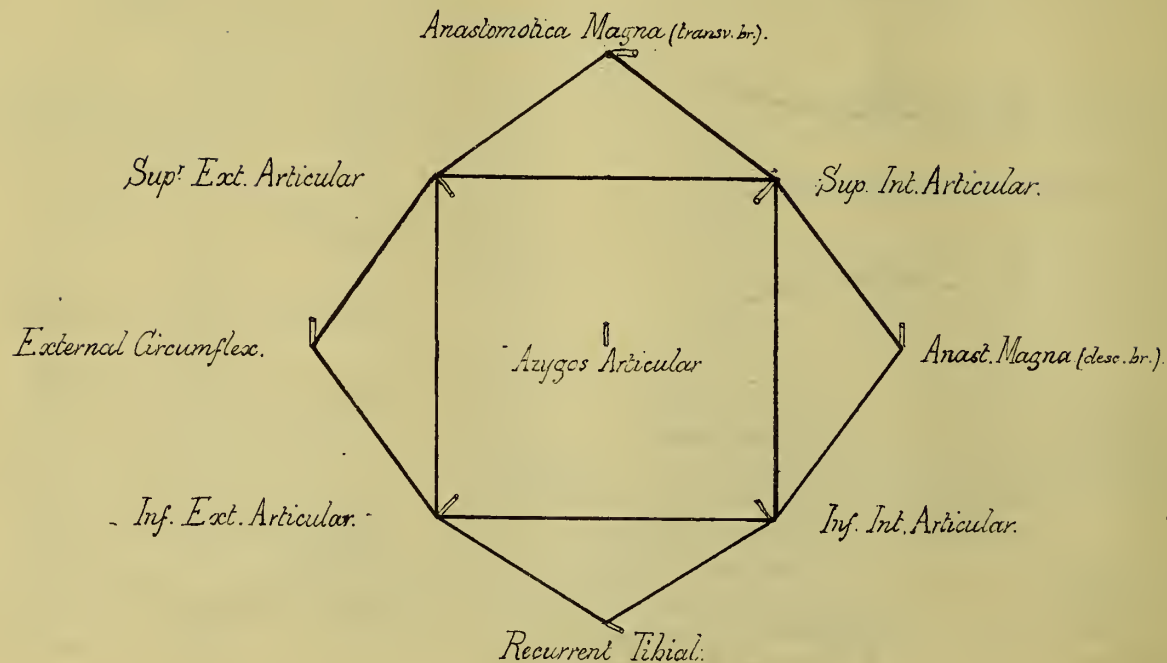
E.I. - Ext. Iliac. Artery.  
 I.I. - Int. " "  
 Pr. - Profunda Femoris.  
 D.E. - Deep Epigastric.  
 C.I. - " Circumflex Iliac.  
 O. - Obturator.  
 Gl. - Gluteal.  
 I.C. - Int. Circumflex.  
 E.C. - Ext. " "

I.L. - Ilio-lumbar Artery.  
 L.S. - Lateral Sacral "  
 M. - Muscular Brs. of Profunda.  
 1<sup>st</sup>P. - 2<sup>nd</sup>P. - 3<sup>rd</sup>P. - Perforating Arteries.  
 4<sup>th</sup>P. - Terminal Br. of Profunda.  
 A. - Anastomica Magna.  
 Pop.M. - Sup. Muscular of Popliteal.  
 1. - Ascending 2. - Transverse &  
 3. - Descending Brs. of Ext. Circumflex.

AT BACK.



## ANASTOMOSIS AROUND KNEE.



**ANASTOMOSES ROUND THE KNEE-JOINT.**

The Arteries which anastomose round the Knee-joint also supply it, thus :—

- |   |  |
|---|--|
| { | The <i>two</i> <b>Ext. Articular</b> Branches of the Popliteal ramify one at the <i>upper</i> , the other at the <i>lower</i> parts of the Joint <i>externally</i> . |
|   | „ <i>two</i> <b>Int. Articular</b> „ „ „ enters the Joint at the Back <i>centrally</i> . „ „ „ „ <i>internally</i> .   |
|   | „ <b>Middle or Azygos Branch</b> „ „ „   |
| { | The <b>External Circumflex</b> (by Descending Branches) supplies the <i>outer</i> side of the Joint and joins the External Articular Arteries.                       |
|   | „ <b>Anastomotica Magna</b> { (by Descending Branch) „ „ <i>inner</i> „ „ „ „ <b>Internal</b>  |
|   | „ <b>Recurrent Tibial</b> { („ Transverse Branch) communicates at the <i>upper</i> part of the Joint with the Sup. Ext. Artic. Art. „                                |
|   | „ „ <i>lower</i> „ „ „ „ <b>Inf. Artic. Arts.</b>  |

**ANTERIOR and POSTERIOR TIBIAL ARTERIES.**

- |                           |   |   |
|---------------------------|---|---|
| Course                    | { | Anterior Tibial,—from inner side of Head of Fibula to mid-point between Malleoli.   |
|                           |   | Posterior Tibial,— „ „ „ „ „ „ „ „ Internal Malleolus and Os Calcis.  |
|                           |   | Anterior Tibial,—is continuous with the Dorsal Artery of the Foot under the Anterior Annular Ligament.  |
| Relation to Muscles, etc. | { | Posterior Tibial,—divides into the Plantar Arteries at the <i>lower*</i> border of „ „ Internal „ „   |
|                           |   | Anterior Tibial in its upper two-thirds lies <i>deeply</i> on the Interosseous Membrane & in its lower third lies on the Tibia <i>superf.</i>   |
|                           |   | Posterior Tibial „ „ „ „ „ „ „ „ between Superf. & Deep Muscles „ „ lowest part „ „ „   |
| Relation to Muscles, etc. | { | Anterior Tibial lies { between Tibialis Anticus and Ext. Long. Digitorum for an inch or two at first, then „ „ „ „ Prop. Pollicis „ „ the greater part of its course, and lastly „ „ Ext. Long. Digit. „ „ „ „ (tendons) „ „ an inch or two at the lower end. |
|                           |   | Posterior Tibial „ { on Tibialis Posticus first, then on Flex. Long. Digit., and lastly on Tibia for an inch or two.  |
|                           |   | „ „ { beneath Gastroc. & Soleus first, „ beneath Integuments to inner side of Tendo Achillis.   |

and Nerves —The Anterior and Posterior Tibial Nerves lie to the *outer* side of the corresponding Arteries.

\* The Posterior Tibial Nerve divides at the *upper* border of the Internal Lateral Ligament, just as the main nerve to the back of the Limb (the Sciatic) divides higher than the main Artery (the Popliteal).

**Branches of Anterior Tibial.**

- |   |                                     |                 |   |
|---|-------------------------------------|-----------------|---|
| { | Recurrent to Knee-joint,            | above,          | piercing the fibres of the Tibialis Anticus.                              |
| { | Malleolar (Ext. and Int.) to Ankle, | below,          | running transversely and joining Arteries on corresponding sides of Foot. |
| { | Muscular and Cutaneous twigs,       | intermediately, | the largest accompanying the Musculo-cutaneous Nerve.                     |

**Branches of Posterior Tibial.**

- |   |  |   |  |
|---|--|---|--|
| { | Muscular, to Muscles on inner side and                   | { | Cutaneous to Skin of lower half of back of Leg.                    |
| { | Nutrient (largest in the Body), to Tibia.                | { | Articular twigs to Ankle-joint.                                    |
| { | Communicating with Peroneal, two inches above the Ankle. | { | Peroneal, (collateral,) to outer side of back of Leg (see p. 130). |

Arteries of Lower Extremity—*continued*.

**Peroneal**, arising  $1\frac{1}{2}$  in. below origin of Posterior Tibial, and ending behind External Malleolus.

- Relations { Lies first on Tibialis Posticus, then in substance of Flexor Longus Pollicis, and lastly on Tibia above Ankle.  
 " " beneath Gastrocnemius and Soleus " " " " " " " beneath Integuments.  
 " " Muscular to Muscles on outer side of Leg.  
 Branches { *Nutrient* " Fibula. *Communicating* to Posterior Tibial two inches above Ankle.  
 { *Anterior Peroneal*, passing through Interosseous Membrane below, to front of External Malleolus.

Compare with the Posterior Tibial Artery.

**DORSAL ARTERY OF THE FOOT.**

- Course, etc. { continuous with Anterior Tibial Artery *above*, entering Sole of Foot through first Interosseous Space *below*.  
 { resting on *inner* Bones of Tarsus, crossed by *inner* tendon of Extensor Brevis Digitorum.

The **Branches** must be distinguished from those of the Radial and Carpal on the back of the Hand.

The **Tarsal** Branch is not represented in the case of the Hand.

- „ **Metatarsal** „ resembles the Posterior Carpal Arch, but gives off three Dorsal Interosseous Branches instead of two.  
 „ 3rd and 4th Dorsal Interosseous resemble „ the two Dorsal Interosseous Branches of the Posterior Carpal Arch.  
 „ 2nd „ „ resembles „ Metacarpal Branch of the Radial Artery.  
 „ 1st Dorsal Interosseous resembles „ Dorsalis Pollicis together with the Dorsalis Indidis.  
 „ **Plantar Branch** supplies the inner side of the Great Toe; the **2nd Plantar** supplies the contiguous sides of the Great and 2nd Toes;—as distinguished from the Radial, which gives off the Princeps Pollicis to both sides of the Thumb, and the Radialis Indidis to the radial side of Second Finger.

**PLANTAR ARTERIES.**

The **Internal**, *small*,—ends on inner side of Great Toe, & curves out beneath Fascia to give branches to join Digital Arts. of  $3\frac{1}{2}$  inner Toes.

- „ **External**, *large* { passes { first *outwards* and forwards between Flexor Brevis Digit. and Accessorius towards base of 5th Metatarsal Bone,  
 { then *inwards* obliquely beneath Flexor Tendons on bases of Metatarsal Bones.  
 { supplies 4 Digital Branches to  $3\frac{1}{2}$  outer Toes, joining Dorsal Artery of Foot in 1st Interosseous Space.

Each Artery gives off Muscular Branches, similar to those of the corresponding Nerve.

- Perforating Arts. (Ant. & Post.)** { On Dorsum,—both sets are connected with the Dorsal Interosseous Arteries.  
 { In Sole,—the Posterior joins the Plantar Arch; the Anterior, the Plantar Digital Arteries.

In the Foot,—The *External Artery* supplies  $3\frac{1}{2}$  outer Toes, The *External Nerve*  $1\frac{1}{2}$ .—The Dorsal Artery  $1\frac{1}{2}$  inner, The *Internal Nerve*  $3\frac{1}{2}$ .

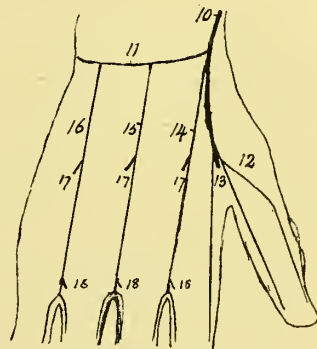
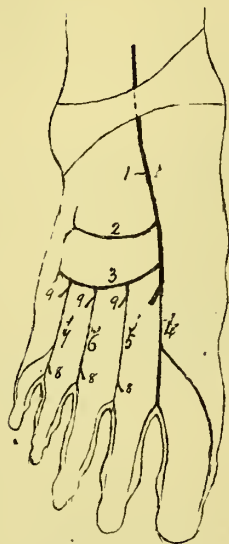
- „ „ **Hand**,— „ *Int.*(Ulnar) „ „ „ inner Fingers, „ *Int.*(Ulnar) „ „ — „ Radial (*Ext.*) „ „ outer, „ Median (*Ext.*) „ „

**LAYERS IN SOLE.**

- (1) *Integuments* and Fascia.
- (2) Terminal part of *Int. Plantar Artery* (see above).
- (3) *Superficial Muscles*.
- (4) Main Trunks of *Ext. Plantar Artery* and *Nerve*.
- (5) *Tendons* of Flexors with Accessorius.
- (6) Plantar Arch of *Arteries*, etc.

(7) *Bones* and Interosseous Muscles.

# DORSAL ARTERIES OF FOOT AND HAND.



- |  |  |                            |   |
|--|--|----------------------------|---|
| 1.-Dorsal Artery of Foot.  | 5.-2 <sup>nd</sup> Dorsal Inteross. Art. | 10.-Radial Artery.         | 14.-Metacarpal Art. (1 <sup>st</sup> Dors. Int.). |
| 2.-Tarsal "  | 6.-3 <sup>rd</sup> " " "                 | 11.-Post. Carpal Arch.     | 15.-2 <sup>nd</sup> Dorsal Inteross. Art.         |
| 3.-Metatarsal "  | 7.-4 <sup>th</sup> " " "                 | 12.-Dorsalis Pollicis Art. | 16.-3 <sup>rd</sup> " " "                         |
| 4.-Dorsalis Hallucis Art. or -8 & 9.-Ant. & Post. Perforating Arts. 13.- |  | " Indicis "                | 17 & 18.-Sup. & Inf. Perfor Arts.                 |
| 19.-Dors. Inteross.  |  |                            |   |



The **Subclavian** supplies the lower and posterior parts of the Neck; the **External Carotid** the upper and anterior. The **Common Carotid** and **Internal Carotid** Arteries give no branches in the Neck.

**SUBCLAVIAN ARTERY** { commences its course in the Neck at the *upper border* of the Sterno-clavicular Articulation.  
terminates " " *lower border* " " 1st Rib, and  
arches *intermediately* over the Apex of the Lung.

It is thus subdivided into **three Parts**, 1st or *Ascending*, 2nd or *Transverse*, and 3rd or *Descending*.

#### Relation to Muscles, etc.

{ In the *First* and *Second* Parts it rests on the summit of the Pleura, and in the *Third* Part on the 1st Rib.  
" " *Second* " *Third* " " lies in front of the Scalenus Medius " " *First* " in front of the Longus Colli.  
" " *First* " *Second* " " lies beneath " " *Third* " beneath the Integuments.  
{ The *First* Part is also covered by the Hyoid Depressors, the *Second* by the Scalenus Anticus, and the *Third* is overlapped by the Clavicle.  
  
{ The *First* and *Third* Parts are each invested by a Sheath of Deep Cervical Fascia.  
{ The Sheath on the *Third* Part is continued on the Axillary Vessels into the Axilla and is connected with the Costo-coracoid Membrane.  
" " " *First* " " " Great " " " Thorax " " " Pericardium.

**Relation to Vessels and Nerves.**—Considerable analogy may be noticed in the relations of the 1st and 3rd Parts of the Subclavian, and of the three Carotid Arteries, thus :—the Arteries in relation with them are in multiples of two; the Veins in each case are four in number, one being parallel to the Vessel and three crossing it, or three being parallel and one crossing it; the Nerves are in pairs, two being usually in front and two behind.

#### First Part.

to  
Arteries (4) { four Branches are given off.  
(usually three only on right side).  
  
to  
Veins (4) { Subclavian, below, lying parallel.  
Internal Jugular  
Anterior Jugular\* } crossing, transversely.  
Vertebral  
  
to  
Nerves (4) { Nerve to Subclavius, crossing in front }  
{ Lowest Cord of Brachial Plexus lying parallel behind }  
{ Desc. Cut. Ns. of Cerv. Plex. in Integuments in front }  
{ Long Thoracic N. of Brach. Plex. in Scal. Med. behind }

#### Third Part.

(2) { Transverse Cervical } crossing.  
{ Suprascapular }  
  
(4) { External Jugular, } crossing transv.  
{ Suprascapular }  
{ Transverse Cervical } †  
{ Subclavian } lying parallel.  
  
(4) { Vagus } crossing in front.  
{ Cardiac of Sympathetic }  
{ Sympathetic }  
{ Recurrent of Vagus (on right side only) } crossing behind.

\* Generally separated by Hyoid Muscles.

† Forming a Plexus over the Artery.

The **Second Part**, lying behind the Scalenus Anticus, has no Vessels or Nerves immediately in relation with it.

On the Anterior Surface of the Scalenus Anticus lie { the Suprascapular and Transverse Cervical Arteries and Subclavian Vein *transversely*,  
and the Phrenic Nerve *longitudinally*.

The **Branches** are described later on.

### COMMON CAROTID ARTERY.

<b>Course</b>	{ Commences its course in the Neck opposite the <i>upper border</i> of the Sterno-clavicular Articulation, becomes comparatively superficial " " " " " Cricoid Cartilage, and divides into Ext. and Int. Carotid " " " " " Thyroid " }	
<b>Relation to Muscles, etc.</b>	{ Lies <i>upon</i> Longus Colli <i>below</i> and Rectus Anticus Major <i>above</i> , being separated by them from the Vertebrae, " <i>beneath</i> Sterno-mastoid (covered by it below, overlapped by it above), and also beneath Hyoid Depressors below. " <i>against</i> { the structures in mid-line of Neck on <i>inner</i> side, viz.— { Larynx and Pharynx } with Thyroid Body. " " " under the Sterno-mastoid " <i>outer</i> " viz.— { Trachea & Oesophagus } " <i>within</i> a Sheath of Deep Cervical Fascia together with Int. Jugular Vein and Vagus Nerve (both to its <i>outer</i> side), }	
<b>to Arteries (2)</b>	{ Main trunk of <i>Inferior</i> Thyroid crosses <i>beneath</i> it <i>below</i> . } —There are no Branches arising from it. Sterno-mastoid Br. of <i>Superior</i> " " <i>over</i> " <i>above</i> . }	
<b>to Veins (4)</b>	{ Internal Jugular, lying <i>parallel</i> on <i>outer</i> side. Superior Thyroid Middle " } crossing <i>transversely</i> . Anterior Jugular* }	
	<b>to Nerves (4)</b>	{ Descendens Noni over Sheath Pneumogastric in " } lying <i>parallel</i> . Sympathetic beneath " } Recurrent Laryngeal crossing beneath it <i>below</i> .

\* Separated by Muscles.

### EXTERNAL CAROTID ARTERY.

<b>Course</b>	{ Lies at first internal to the Internal Carotid, but is afterwards superficial to it. Its Course may be divided, like that of the Internal Carotid, into <i>three Parts</i> . }	
<b>Relation to Muscles, etc.</b>	{ In its <i>first part</i> it is comparatively superficial, and rests against the Pharynx. " " <i>second</i> " " passes { <i>beneath</i> the Stylo-hyoid and Digastric Muscles. " " <i>third</i> " " lies in the substance of the Parotid Gland, parallel to the Ramus of the Jaw. } * The Stylo-glossus arising from the tip of the Styloid Process is too far forward to be in relation with the Artery.	



## BRANCHES OF THE SUBCLAVIAN ARTERY.

{ One (Vertebral) passes *upwards* to the Skull, one (Internal Mammary) passes *downwards* to the Thorax.  
 { One (Sup. Intercostal) „ *backwards* „ back of Neck, and one (Thyroid Axis) „ *forwards* to lower part of Neck.

Vertebral (in Neck) { passes up through Foramina in Cerv. Trans. Proc. (from 6th upwards) to enter Spinal Canal over Arch of Atlas,  
 { accompanied by Vertebral Vein (which is in front of it) & by Vertebral Plexus of Sympathetic Nerves (which is upon it).  
 { lies at first *behind* Int. Jugular Vein, *between* Scalenus Anticus externally and Longus Colli internally.  
 { „ next *in front of* Cervical Nerves, with lastly { the Anterior Division of 2nd Nerve on its *outer* side.  
 { „ „ „ „ „ 1st „ „ *inner* „

Branches, — **Spinal** internally through Intervertebral Foramina to Bones and Cord; and **Muscular** externally to Posterior Triangle.  
 For Course and Branches within Cranium see 'Vessels of Brain,' p. 139.

Int. Mammary { runs *parallel to* and  $\frac{1}{2}$  in. from border of Sternum *beneath* Cartilages of Ribs.  
 { close to origin, *crosses* over Subclavian Artery and under Subclavian Vein, and is *crossed* by Phrenic Nerve,  
 { *intermediately lies between* Pleura and Cartilages, and lower down between Cartilages and Triangularis Sterni,  
 { and finally *terminates* by joining Deep Epigastric in substance of Rectus Muscle.

Branches { The first (**Comes Nervi Phrenici**) accompanies the Phrenic Nerve and supplies *centre* of corresponding side of Diaphragm.  
 { The last (**Musculo-phrenic**) leaves trunk at 6th Intercostal Space and supplies { *circumference of* and lower Intercostal Spaces. „ „  
 { The *intermediate* Branches resemble the Parietal Brs. of the Thoracic Aorta; thus :—  
 { **Pericardiac** and **Mediastinal** twigs supply the Membranes and fat in the front of the Thoracic Cavity.  
 { **Anterior Intercostal** Arteries (each double) pass outwards in upper 5 or 6 spaces to join terminal branches of Aortic Intercostals.  
 { **Perforating** Branches (like Dorsal of Aortic Intercostals) pass one in each space to Muscles and Integuments by side of Sternum.

Thyroid Axis, —  $\frac{1}{4}$  in. long, giving off Inferior Thyroid *inwards*, Suprascapular and Transverse Cervical *outwards*.  
 Inferior Thyroid,—passes first up to 5th Cervical Vertebra, then inwards to Thyroid Body behind Carotid Sheath and Middle Cervical Ganglion.

Branches { **Ascending Cervical**\* { passing vertically upwards between Scalenus Anticus and Rectus Anticus Major,  
 { supplying neighbouring Muscles, Vertebrae and Spinal Cord.  
 { **Inferior Laryngeal, Tracheal** and **Œsophageal**.

Suprascapular† { passing transversely outwards { over Scalenus Ant. and 3rd Part of Subclavian Art. } to end upon back of Scapula.  
 { gives **Supra-acromial, Articular, Infrascapular** and **Infraspinous** Branches, for which see 'Arteries of Shoulder.'

\* See note on Profunda Cervicis, p. 135.

† See 'Suprascapular Nerve and Artery,' in Appendix.

*Transverse Cervical* { passes transversely outwards, parallel to but higher than Suprascapular Artery as far as Trapezius, then  
 { divides into { Superficial Cervical Artery, which supplies structures in lower part of Posterior Triangle,  
 { Posterior Scapular „ „ „ runs down posterior border of Scapula beneath attached Muscles.

\* For distribution see 'Arteries of Scapula.'

*Sup. Intercostal* { arises from First Part of Subclavian on the left side, and from Second Part on the right side.  
 { passes backwards and downwards behind summit of Pleura in front of Neck of 1st Rib to end in 1st Intercostal Space.  
 { gives off between Neck of 1st Rib and 1st Cervical Transverse Process the Profunda Cervicis.

*Profunda Cervicis* { ascends between Complexus and Semispinalis to Sub-occipital Triangle,  
 { to anastomose with Princeps Cervicis from Occipital and Muscular twigs from Vertebral (see Diagram).

There are thus three Arteries in the Neck which pass up parallel to the Transverse Processes, viz., the Ascending Cervical in front of the Processes, the Deep Cervical behind them (separated by Muscles), and the Vertebral within them. The three corresponding Veins unite at the lower part of the Neck to enter the Subclavian as the Vertebral Vein.

## BRANCHES OF THE EXTERNAL CAROTID ARTERY.

The Four Anterior Branches (see p. 133) supply { the *first* (Sup. Thyroid), —structures connected with the Larynx,  
 { „ *second* (Lingual) „ „ between the Larynx and Lower Jaw,  
 { „ *third* (Facial) „ „ in the superficial parts of the Face,  
 { „ *fourth* (Int. Maxillary), — „ „ deep „ „ „ „

\* In addition each Vessel gives offshoots to structures connected with the Pharynx.

*Superior Thyroid Artery* { arises *just below* Great Cornu of Hyoid Bone, and running downwards by side of Thyroid Cartilage  
 { ends in the upper and anterior part of the Thyroid Body, giving twigs also to the Inf. Constrictor of the Pharynx.

*Branches* { (1) **Hyoid** and (2) **Crico-thyroid** lying transversely on Thyro-hyoid and Crico-thyroid Membranes respectively.  
 { (3) **Sup. Laryngeal** accompanying Sup. Laryngeal Nerve to Larynx, & (4) **Sterno-mastoid** crossing Carotid Sheath to Sterno-mastoid.

*Lingual Artery* { arises *opposite* Great Cornu of Hyoid Bone, and passes in its 1st part *upwards* and *forwards*, in its 2nd *forwards*, in  
 { its 3rd *upwards* and *forwards*, [Genio-hyo-glossus.  
 { lies in its 1st part superficially, in its 2nd between Hyo-glossus and Middle Constrictor, in its 3rd on outer surface of

Its course is parallel to that of the Facial Artery on the Face.

*Branches* { (1) **Hyoid**, *transverse*, along upper border of Hyoid Bone. (2) **Dorsal of Tongue**, vertical, *beneath* Hyo-glossus, to Tongue  
 { and Tonsil.\*  
 { (4) **Ranine**, *longitudinal* „ „ under surface of Tongue, parallel (3) **Sublingual** „ „ *superficial* to „ „ Subling.  
 { to Frænum, Gland and Mucous Membrane.

\* See 'Arteries of Pharynx.'

## Facial Artery.

*In Neck* { arises *just above* Great Cornu of Hyoid Bone, and passes upwards and forwards to the Lower Jaw.  
 { lies *at first* (1) superficially, *then* passes (2) under Digastric and Stylo-hyoid, and *lastly* (3) into Submaxillary Gland.\*

\* Compare with relations of External Carotid.

*Branches* { (1) **Ascending Palatine**, *vertical*, between { Stylo-glossus and (3) **Glandular**, *deep*, to Submaxillary Gland.  
 { (2) **Tonsillar** " " { Stylo-pharyngeus.  
 { Stylo-glossus and (4) **Submental**, *superficial*, to parts below Ramus of Jaw.  
 { Internal Pterygoid.

*On Face* { reaches Face anterior to insertion of Masseter, passes first *upwards* and *forwards* to Angle of Mouth,  
 { then directly *forwards* above Upper Lip, and lastly *upwards* and *forwards* towards inner angle of Orbit.  
 { is *at first* covered by Platysma, *then* crossed by Zygomaticus Major, and *lastly* overlapped by Levator Alæque Nasi,  
 { " " rests upon Buccinator " on Levator Anguli Oris " " on Levator Labii Superioris.

For relation to Facial Vein, see 'Veins of Head and Neck.'

The *four* named Branches are all directed inwards, *two below* and *two above* the Mouth. Unnamed branches pass outwards.

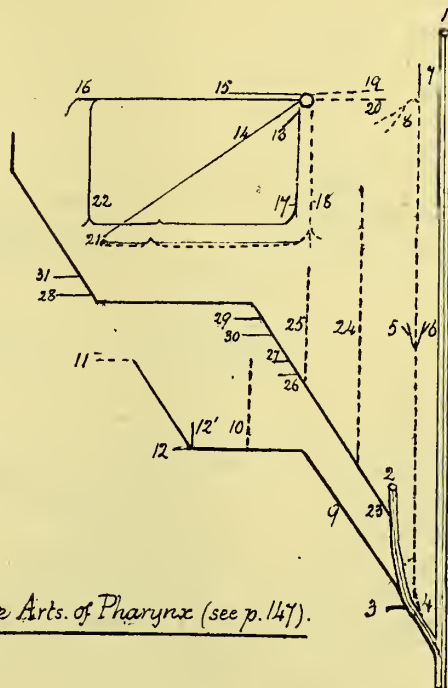
*Branches* { (1) **Inferior Labial**, betw. { Depressor Anguli Oris & { (2) **Inferior Coronary**, betw. { Orbicularis Oris & } to Lower Lip.  
 { Bone (Inferior Maxilla) } to structures of Chin. { Mucous Membrane }  
 { (4) **Lateral Nasal** " { Levator Alæque Nasi and } to Ala and Dorsum (3) **Superior Coronary** " { Orbicularis Oris & } to upper Lip  
 { Bone, etc., of Nose } of Nose. { Mucous Membrane } and Nose.\*

\* By Artery of Septum.

The terminal part of the Facial Artery, named 'Angular,' joins the Nasal Branch of the Ophthalmic of the Internal Carotid.

# LINGUAL, FACIAL AND PHARYNGEAL ARTERIES.

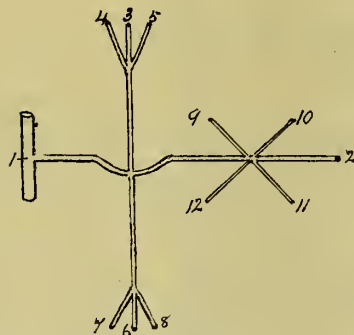
- 1- Internal Carotid.
- 2- External "
- 3- Superior Thyroid.
- 4- Ascending Pharyngeal.
- 5- Ext. Brs. of do.
- 6- Pharyngeal Brs. of do.
- 7- Meningeal Br " "
- 8- Palatine " " "
- 9- Lingual A.
- 10- Dorsal A. of Tongue.
- 11- Rarine A.



- 12 - Superior Hyoid A.
- 12' - Sublingual A.
- 13-22- Term. Brs. of Int. Maxillary  
(See p. 137 for names).
- 23- Facial Artery.
- 24- Asc.<sup>g</sup> Palatine.
- 25- Tonsillar A.
- 26- Glandular Brs.
- 27- Submental A.
- 28-29- Sup. & Inf. Coronary.
- 30- Inf. Labial A.
- 31- Lateral Nasal.

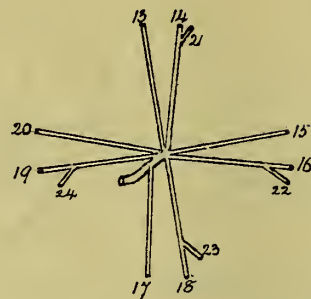
The dotted lines indicate Arts. of Pharynx (see p. 147).

# INTERNAL MAXILLARY ART. - BRANCHES.



OF FIRST AND SECOND PARTS:-

- |                         |                     |
|-------------------------|---------------------|
| 1.- External Carotid.   | 7.- Mylo-hyoid.     |
| 2.- Internal Maxillary. | 8.- Gustatory.      |
| 3.- Great Meningeal.    | 9.- Masseteric.     |
| 4.- Small " "           | 10.- Deep Temporal. |
| 5.- Tympanic.           | 11.- Buccal.        |
| 6.- Inferior Dental.    | 12.- Pterygoid.     |



OF THIRD PART:-

- |                           |                                |
|---------------------------|--------------------------------|
| 13.- Superior Nasal.      | 19.- Vidian.                   |
| 14.- Naso-palatine.       | 20.- Pterygo-palatine.         |
| 15.- Orbital.             | 21.- Palatine Br. of Naso-pal. |
| 16.- Infraorbital.        | 22.- Ant. Dental Br.           |
| 17.- Alveolar.            | 23.- Inferior Nasal Br.        |
| 18.- Descending Palatine. | 24.- Eustachian Br.            |

**Internal Maxillary Artery.**

*Relations, etc.* { arises in Parotid Gland opposite neck of Condyle of Lower Jaw.  
 { passes in its 1st part betw. { Neck of Condyle & Int. Lateral Lig. in its 2nd betw. { Ext. Pterygoid in its 3rd { betw. Heads of Ext. Pterygoid,  
 { Coronoid Proc. into Spheno-Maxillary Fossa.

*Branches* { In its 1st part it gives off *two*; in its 2nd part, *four*; and in its 3rd part, *eight* (or six).  
 { The Branches of the 1st and 3rd parts all pass through bony Canals, those of the 2nd part are all Muscular.

*Of First Part (2)* { **Great Meningeal\*** { passes *vertically upwards* on Int. Lateral Lig. between Roots of Auriculo-temporal Nerve to Foramen Spinosum.  
 { gives off *backwards* the Tympanic Branch to enter Glascian Fissure, & *forwards* Small Meningeal to enter Foramen Ovale.  
 { **Inferior Dental†** { passes *vertically downwards* on Internal Lateral Lig. with Inferior Dental Nerve to Dental Canal in Lower Jaw.  
 { gives off *inwards* the Mylo-hyoid Branch, and *forwards* a Branch to accompany the Gustatory Nerve.

\* For Distribution see 'Meningeal Arteries.'

† For Distribution see 'Arteries of Teeth.'

*Of Second Part (4)* { **Temporal (Deep)**, with Deep Temporal Nerve, and { **Masseteric**, with Masseteric Nerve.  
 { **Buccal**, with Buccal Nerve, { **Pterygoid** twigs to Pterygoid Muscles.

*Of Third Part (8)* { *two forwards* to Orbit, —**Orbital\*** and **Infraorbital**.  
 { *" inwards* " Nose, —**Superior Nasal** " **Naso-palatine.\***  
 { *" downwards* " Mouth, —**Sup. Dental** " **Descending (Great) Palatine.**  
 { *" backwards* " Pharynx, —**Pterygo-palatine** " **Vidian.**

\* Frequently not described as special branches.

The Branches forwards and downwards correspond with branches of the Superior Maxillary Nerve.  
 " " backwards " inwards " " " " Meckel's Ganglion (see 'Meckel's Ganglion').

In the case of each of these pairs one of the Vessels is simple in its distribution, whilst the other gives off a special secondary branch to some other Region; thus:

{ The **Orbital** Branch accompanies the Temporo-malar Nerve and is distributed with it.  
 { The **Sup. Nasal** Branches accompany the Superior Nasal Nerves to the upper and back part of the Nose.  
 { " **Sup. Dental** (Alveolar) Branch accompanies " " Dental " " Teeth and Gums.  
 { " **Pterygo-palatine** " " " Pterygo-palatine Nerve " " Roof of the Pharynx.  
 { " **Infraorbital** " " " **Infraorbital** Nerve to the Face, and gives a branch to the upper Incisors and Canines.  
 { " **Naso-palatine** " " " **Naso-palatine** Nerve " Septum Nasi " " Mouth through the Ant. Palatine Foramen.  
 { " **Descending Palatine** " " " Ant., Post. and Ext. Palatine Nerves to Palate and Tonsil, and gives Inf. Nasal to lower and back part of Nose.  
 { " **Vidian** " " " **Vidian** Nerve to the Pharynx, and gives a branch to the Tympanum.

## Arteries of Neck—continued.

The Two Posterior Branches supply  $\left\{ \begin{array}{llll} \text{one,} & \text{the Occipital,} & \text{the posterior part} & \text{of the Scalp and the Dura Mater,} \\ \text{the other,} & \text{,, Post. Auricular,} & \text{,, lateral and post. parts} & \text{,, ,, ,, Ear.} \end{array} \right.$

Posterior Auricular Artery { arises just above Digastric Muscle, is crossed by the Facial Nerve, and  
ends superficially over the Mastoid Process with and like the Posterior Auricular Nerve.

*Branches* (2) { (1) **Stylo-mastoid**, through Stylo-mastoid Foramen to Tympanum. See 'Arterics of Tympanum.'  
(2) **Auricular**, through or over margin of Cartilage of Auricle to supply anterior surface.

**Occipital Artery.** { arises just below Digastric, hooks round the Ninth Nerve, & passes deeply beneath Mastoid Process & Muscles attached to it.  
rests *first* on Carotid Sheath, *next* in Occipital Groove, and *lastly* upon the Superior Oblique and Complexus.  
finally pierces the Trapezius to ramify over the posterior part of the Scalp.

*Branches* { (1) **Sterno-mastoid**, crossing Carotid Sheath. (3) **Auricular**, to back of Auricle, etc.  
 { (2) **Meningeal (Post.)**, accompanying Int. Jugular Vein. (4) **Princeps Cervicis**, to upper and back part of Neck.

Compare the Occipital and Posterior Auricular Arteries.

The Two Ascending Branches arise, one from the *beginning*, the other from the *end* of the External Carotid.

{ one, the Ascending Pharyngeal, ends *deeply* in the upper part of the Pharynx and base of Skull,  
{ the other ,, Temporal, ends *superficially* on the lateral and anterior part of the Scalp.

**Ascending Pharyngeal Artery** { Arises just above origin of External Carotid, and passes up to the Base of the Skull parallel and internal to Internal Carotid,  
ends opposite the upper border of Superior Constrictor in branches to Pharynx and Eustachian Tube.

Branches { (1) **External**, to Recti Antici, etc. (3) **Pharyngeal**, to Constrictors.  
(2) **Meningeal**, through Foramen Lacerum Medium. (4) **Palatine**, to Soft Palate and Tonsil.\*

\* Passing over margin of Superior Constrictor, and subdividing to form with its fellow two arches in the Soft Palate, near the upper and lower borders respectively.

**Temporal Artery** { passes upwards superficially in the line of External Carotid, and divides 2 in. above Zygoma into Anterior and Posterior Branches.

Branches { (1) **Transverse Facial** { arising *just below* Zygoma,  
passing forwards above Parotid Duct. (3) **Ant. Temporal**, runs *transversely forwards*, an inch above Orbit.  
(2) **Middle Temporal** { arising *just above* Zygoma,  
passing into Temporal Muscle. (4) **Post. Temporal** „ *vertically upwards*, in front of Pinna of Ear.  
(5) **Parotid**, (6) **Articular**, (7) **Auricular**, (8) **Anastomotic** (joining with Branch of Lachrymal between layers of Temporal Fascia).

INTERNAL CAROTID.

- Course, etc., in Cranium* { enters the Skull through the Carotid Canal, with Carotid and Cavernous Plexuses of *Nerves*.  
lies next in the Cavernous Sinus with the *Nerves* passing through the Sphenoidal Fissure external to it.  
divides opposite Anterior Clinoid Process, lying between the 2nd and 3rd *Nerves*.
- Branches* { *Two* in Carotid Canal, viz. : —Art. Receptaculi and Branches to Tympanum.  
{ *Four* in Cranial Cavity, viz. :—Ophthalmic, Post-Communicating, Ant. and Middle Cerebral.
- Ophthalmic** { passes into Orbit through Optic Foramen on *outer side* of Optic Nerve,  
next crosses *over* the Nerve, and  
finally runs along the *inner side* of Orbit to end on the Face.

It gives off *three Sets* of *Branches*, one on the *outer side*, one *over*, and one on the *inner side* of the Optic Nerve.

The *First Set* comprises *two* Arteries, the *Second three*, and the *Third four*.

The first and last *Sets* supply parts external to the Orbit, and the other parts within it.

- First Set* { **Lachrymal**, accompanying Lachrymal Nerve, and anastomosing with Great Meningeal through Sphenoidal Fissure.  
{ **Supraorbital**, „ Frontal Nerve.
- Second Set* { **Central of Retina**, runs in the substance of the Optic Nerve to innermost coat of Eyeball, viz., the Retina.  
{ **Ciliary Short** (12) and **Long** (2), lie closely round „ „ and pass to the middle „ Choroid.  
{ **Muscular**, ramify in the fat, etc., „ „ „ give off *Anterior Ciliary* Brs. to front of Eyeball, viz., the Iris, etc.
- Third Set* { **Ethmoidal** (*two*) *inwards*, through Ethmoidal Canals to Cranial Cavity and Nose.  
{ **Palpebral** („) *outwards*, Superior and Inferior, to Eyelids and Conjunctiva.  
{ **Frontal** (*one*) *upwards*, with Supraorbital Nerve.  
{ **Nasal** („) *downwards*, to join termination of Facial Artery.

See also 'Arteries of Dura Mater,' 'Arteries of Nose,' and 'Arteries of Eyelids.'

For Cerebral Arteries, etc., see p. 140.

VERTEBRAL.

- Course, etc., in Cranium* { winds to Anterior surface of Medulla between Roots of Suboccipital and Hypoglossal Nerves.  
{ joins with its fellow at the lower border of the Pons to form the Basilar Artery.
- Branches* (4) { Anterior and Posterior Spinal (See 'Intercostal Arteries' p. 117).  
{ Posterior Meningeal and Posterior Inferior Cerebellar (see p. 140).

BASILAR ART.

extends from lower to upper border of Pons in mid-line, parallel to the 6th Nerve.

- Branches* (4) { Anterior Inferior Cerebellar and Superior Cerebellar }  
{ Transverse Arteries of Pons\* and Posterior Cerebral } (See p. 140).

\* One of these accompanies the Auditory Nerve to the Ear.

**THE CEREBRUM** is supplied by Branches from *three* Vessels { the two Internal Carotids *anteriorly*,  
 „ Basilar *posteriorly*.

Each Carotid supplies the Cerebrum by *two* Branches, viz., the Anterior and Middle Cerebral.

The Basilar „ „ „ *four* „ „ Posterior Cerebral and Superior Cerebellar on each side.

{ Anterior Cerebral winds round the Corpus Callosum in the Median Fissure to supply the *ant.* and *int.* aspects of the Hemisphere.  
 { Middle Cerebral „ „ Island of Reil „ Sylvian „ „ „ *external* aspect „ „  
 { Posterior Cerebral „ „ Crus Cerebri parallel to the Transverse „ „ „ *posterior* „ „ „  
 { Superior Cerebellar „ „ { parallel to the Post. Cerebral Art. (separated) } „ { a twig to *interior* of Cerebrum.  
 „ „ at first by 3rd Nerve } „ { branches to upper surface of Cerebellum.

Each Vessel gives off special twigs into the substance of the Hemisphere ; thus :—

{ The Anterior and Middle Cerebral give branches to the Anterior Perforated Spot.  
 { „ Middle „ Posterior „ „ „ Choroid Plexus of the Lateral Ventricle.  
 { „ Posterior Cerebral gives twigs to the Posterior Perforated Spot (floor of Third Ventricle).  
 { „ Superior Cerebellar „ „ Velum Interpositum (roof „ „ „).

#### CIRCLE OF WILLIS.

{ The Anterior Cerebral are connected with one another by the Anterior Communicating and spring from the Internal Carotids.  
 { The Posterior „ „ „ „ the Int. Carotids „ Posterior „ „ „ Basilar (See Diagram).

**THE CEREBELLUM** is supplied by branches from *three* Vessels, viz., { the two Vertebrales *posteriorly*.  
 „ „ Basilar *anteriorly*.

Each Vertebral supplies the Cerebellum by *one* Branch, „ „ Posterior Inferior Cerebellar.

The Basilar „ „ „ *four* Branches „ „ Anterior, Inferior and the Superior Cerebellar on each side.

Hence there are *two* Branches for the upper surface of the Cerebellum, and *four* for its lower surface.

Of these Arteries, one, the Anterior Inferior Cerebellar, is unimportant.

{ The Superior Cerebellar winds round the Crus Cerebri behind the 3rd Nerve, parallel to the 4th, to Superior Surface of Cerebellum.  
 { The Inferior „ (Post.) „ „ Restiform Body between the Vagus and Spinal Acc. Nerves to Inf. „ „

Each gives off a special Choroidal Branch ; thus :

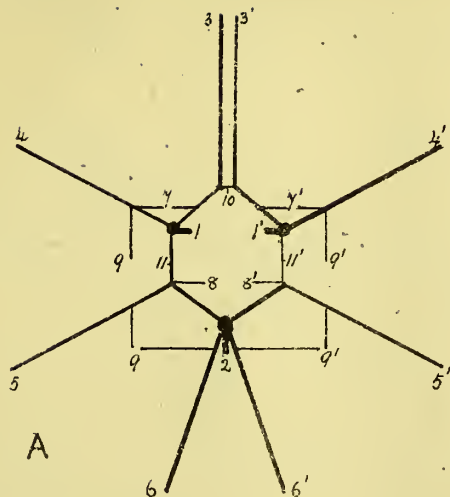
{ Superior Cerebellar to Choroid Plexus of Third Ventricle (as above mentioned).  
 { Inferior „ „ „ Fourth „

Compare the arterial supply of the Cerebrum and Cerebellum as indicated above.

There are *four* Choroid Arteries on each side.

two passing to the Lateral Ventricle	{ one from the Anterior Cerebral. }
one „ „ Third „	{ „ „ Posterior „ }
one „ „ Fourth „	{ „ „ Superior Cerebellar. }
	{ „ „ Inferior „ (Post.). }

# ARTERIES OF CEREBRUM.



A. ARTERIES ON BASE OF CEREBRUM.

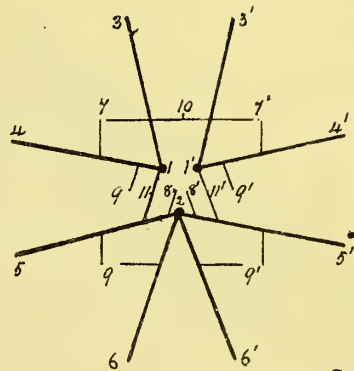
1 & 1' - Internal Carotids - R<sup>t</sup> & L<sup>t</sup>  
 2 - Basilar Art.  
 3 & 3' - Anterior Cerebral - R<sup>t</sup> & L<sup>t</sup>  
 4 & 4' - Middle " " " " " "



B

B. CIRCLE OF WILLIS (*Right half*).

5 & 5' - Posterior Cerebral - R<sup>t</sup> & L<sup>t</sup>  
 6 & 6' - Superior Cerebellar " " " " " "  
 7 & 7' - Brs. to Ant. Perfor. Spots " " " " " "  
 8 & 8' - " " Post. " " " " " "



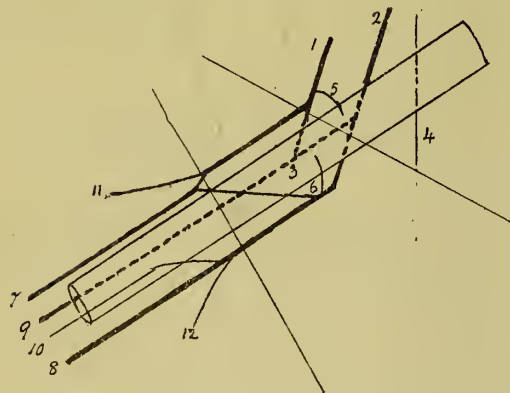
C

C. ARTERIES ON BASE (*Very diagram*).

9 & 9' - Choroid Brs. - R<sup>t</sup> & L<sup>t</sup>  
 10 - Ant. Commun. Art.  
 11 & 11' - Post. " " Arts. - R<sup>t</sup> & L<sup>t</sup>

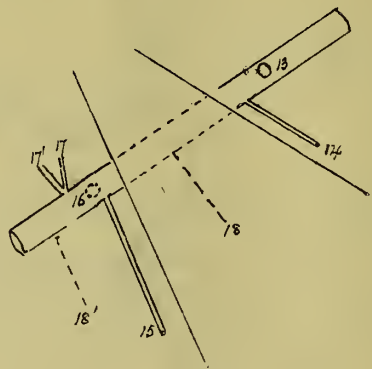
# AXILLARY ARTERY.

## RELATION TO NERVES.



- |                                    |                         |
|------------------------------------|-------------------------|
| 1.- Outer Cord of Brachial Plexus. | 7.- Median Nerve.       |
| 2.- Inner " " "                    | 8.- Ulnar " "           |
| 3.- Middle " " "                   | 9.- Musc.-spiral " "    |
| 4.- Nerve to Serratus Magnus       | 10.- Int. Cutan. " "    |
| 5.- Ext. Ant. Thoracic N.          | 11.- Musc.-Cutan. " "   |
| 6.- Int. " " "                     | 12.- Nerve of Whisberg. |

## ARRANGEMENT OF BRANCHES.



- |  |
|--|
| 13.- Acromio-thoracic Artery.                |
| 14.- Superior " " "                          |
| 15.- Long " " "                              |
| 16.- Subscapular " "                         |
| 17 & 17'- Ant. & Post. Circumflex Arts.      |
| 18 & 18'- Alar Thoracic & Ext. Mammary Arts. |

## AXILLARY ARTERY.

Course and Relations to Muscles, etc.	{	Commences at the <i>lower border</i> of the 1st Rib and ends at the <i>lower border</i> of the Teres Major.
		In its <i>first part</i> it rests upon the 1st Intercostal Space (wall of Thorax) and upon the Serratus Magnus (1st Digit).
		„ <i>second</i> „ „ „ „ „ fat, etc., of upper part of Axilla.
		„ <i>third</i> „ „ „ <i>against</i> , „ Coraco-brachialis close to Humerus „, crosses Subscap., Lat. Dorsi & Teres Major.
		„ <i>first and third parts</i> it is covered by Pectoralis Major; and in the <i>second</i> both by it and Pectoralis Minor.

The *first* part is also invested by the Sheath prolonged from the Cervical Fascia, and by the Costo-coracoid Membrane.  
 „ *third* „ „ covered „ Skin and Axillary Fascia below the lower border of the Pectoralis Major.

*Vessels*      { In its *upper*  $\frac{2}{3}$  the Axillary Vein lies to its inner side,      { In its *lower*  $\frac{1}{3}$  the two Venæ Comites accompany it.  
                      { „ *upper*  $\frac{1}{3}$  „ Cephalic Vein crosses it.

to	{	In its <i>first part</i> , two Cords of the Brachial Plexus lie to its <i>outer side</i> , Long Thoracic N. <i>behind</i> , and Ext. Ant. Thoracic N. <i>in front</i> .
<i>Nerves</i>		„ <i>second</i> „ <i>three</i> „ „ „ „ „ one on each <i>side</i> and one <i>behind</i> , and the Int. „ „
(4 in each part)		„ <i>third</i> „ <i>four</i> Branches* „ „ „ to Forearm { Median, to <i>outer side</i> , Musculo-spiral <i>behind</i> , „ „ Ulnar, „ <i>inner</i> „ Internal Cutaneous <i>in front</i> .

\* The other two descending Branches are separated from the Artery { the Musculo-cutaneous by the Coraco-brachialis Muscle.  
 „ Nerve of Wrisberg by the Axillary Vein or Veins.

Branches,—*Six*,\*

One, <b>Acromio-thoracic,</b>	passes <i>forwards</i>	from <i>front</i> of Artery,	<i>above</i>	Pectoralis Minor, to supply <i>ant.</i> wall of Axilla.
One, <b>Subscapular,</b>	" <i>backwards</i>	" <i>back</i> "	<i>below</i>	" " " <i>post.</i> " "

Two, {	Sup. or Short Thoracic	} pass	inwards	{	the Sup. Thoracic above <i>upper</i> edge of	"	"	to 1st or 2nd Intercostal Space.
	Inf. or Long Thoracic				" Long " along <i>lower</i> "			

*Two*, { **Anterior Circumflex** } " *outwards* { " *Ant. (small)* *below* Pect. Min., crossing beneath Biceps to Delt. & Shoulder-joint.  
{ **Posterior** " } " { " *Post. (large)* " " " " " Triceps " " " " & Skin.

\* All the structures in connection with the Axilla may be grouped in sets of *three* or *six* (see 'Muscles of Shoulder' and 'Brachial Plexus').

There are occasionally *two* other Branches { **Alar Thoracic**, beneath Pectoralis Minor  
**External Mammary**, at lower border of Axilla } to Fat and Glands of Space.

## ANASTOMOSES OVER THE SCAPULA.

Suprascapular Artery, along *Superior* Border of Bone, ends on the *Posterior* Surface, giving Infrascapular Branch to *Anterior* Surface  
 Subscapular     "     "     *External*     "     "     "     "     *Anterior*     "     "     Dorsalis Scapulæ     "     *Posterior*     "  
 Post. Scapular     "     "     *Internal*     "     "     "     "     *both*     Surfaces     "     Branches equally to     *each*     "  
 These Arteries communicate with each other on both surfaces, forming two sets of Anastomoses, one in the Muscles and the other on the Bone.

## BRACHIAL ARTERY.

Course     { from the lower border of the Teres Major to a point half an inch below the bend of the Elbow.  
               { the surface line being drawn from mid-point between folds of Axilla externally to mid-point between Condyles of Humerus.

Relation     { is covered by the Integuments, etc., in its whole course, and is crossed just before termination by the Bicipital Fascia.  
   to           { lying first on the Triceps, lastly against the Biceps (Tendon), intermediately on the Coraco-brachialis and Brachialis Anticus.  
 Muscles, etc. { resting in the upper part of its course against Coraco-brachialis and Biceps, and in the last part in the space between  
                   Supinator Longus and Pronator Teres.

to *Veins* (4) Two Venæ Comites accompany it, the Basilic lies superficial to it, and the Median Basilic crosses it below.

to *Nerves* (2) { the Median       Nerve lies *in front of* it in its upper part, and crossing it superficially lies     on its *inner* side below.  
               { „ Musculo-spiral     „     „ *behind*     „     „     „     „     piercing the Triceps reappears     „ *outer*     „     „  
                   The Internal Cutaneous and Ulnar Nerves leave it close to its commencement.

Branches (*four*)\*

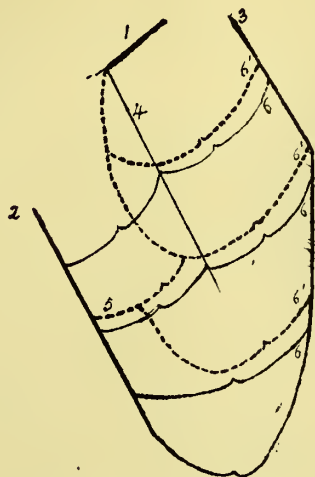
{ Superior Profunda† arising near the *commencement* of the Artery accompanies the Musculo-spiral Nerve to Ext. Condyle of Humerus.  
 { Inferior Profunda† „     about the *middle*     „     „     „     „     Ulnar     „     Int.     „     „

{ Nutrient     „     „     „     „     „     enters the Humerus near insertion of Coraco-brachialis.  
 { Anastomotic† „     near the *lower end*     „     „     (an inch above Condyle) passes down and in to Int. Condyle.

\* The Structures lying round about the Elbow may be grouped in sets of two or four (see 'Muscles of Elbow').

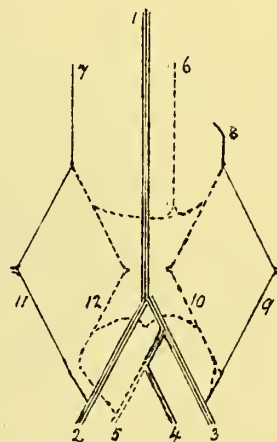
† For termination of these Branches see 'Anastomosis round Elbow-joint' (p. 144).

## ANASTOMOSES of SCAPULAR ART.



- 1.- Suprascapular Artery.
- 2.- Subscapular " "
- 3.- Post. Scapular " "
- 4.- Infrascapular " "
- 5.- Dorsal Scapular " "
- 6 & 6'- Ant. & Post. Brs. of Post. Scap. Art.

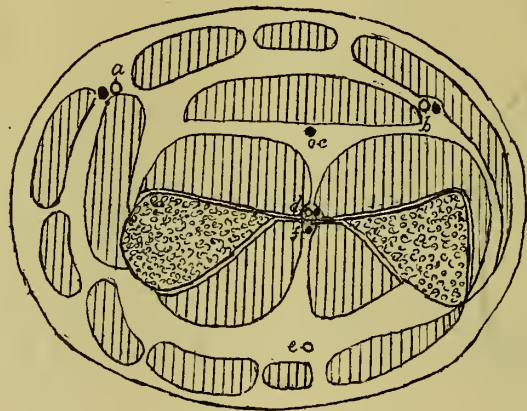
## ANASTOMOSES ROUND ELBOW.



- |                        |                             |
|------------------------|-----------------------------|
| 1.- Brachial Artery.   | 7.- Sup. Profunda Artery.   |
| 2.- Radial " "         | 8.- Anastomatic " "         |
| 3.- Ulnar " "          | 9.- Ant. Ulnar Recurrent A. |
| 4.- Ant. Inteross " "  | 10.- Post. " "              |
| 5.- Post. " "          | 11.- Radial " "             |
| 6.- Infr. Profunda " " | 12.- Post. Inteross " "     |

# ARTERIES OF FOREARM.

## RELATIVE POSITIONS.



a.-Radial Artery.

b.-Ulnar " "

c.-Median " "

d.-Ant. Inteross. " "

e.-Post. Inteross. Artery.

f.-" " Nerve.

The Nerves accompanying  
the other Arts. are represented by dots.

For the Muscles see p. 95.

## ULNAR AND RADIAL ARTERIES.

The Ulnar, the *larger*, lies *deeply* *above* but *superficially below*, and in the Hand forms Superficial Palmar Arch.  
 „ Radial „ *smaller*, „ *superficially* „ *deeply* „ „ „ „ „ Deep „ „

In Forearm { Ulnar passes downwards and inwards { beneath Muscles arising from Int. Condyle above, and overlapped by Flexor Carpi Ulnaris.  
 { Radial „ „ „ outwards { resting on the *three* Muscles attached to Ant. Surface of Ulna (see 'Ulna').  
 { „ „ „ „ { beneath the Integuments, overlapped by Supinator Longus.  
 { „ „ „ „ { resting on the *six* Muscles attached to the ant. surf. of Radius (see 'Radius').

Each Artery is accompanied by Venæ Comites.

The Ulnar is accompanied by the Ulnar Nerve in its lower  $\frac{3}{4}$ , the Radial by the Radial Nerve in its middle  $\frac{1}{4}$  only.

The Ulnar and Radial Nerves lie to the inner and outer sides of the Ulnar and Radial Arteries respectively.

Just above Wrist both Arteries lie superficially on the outer sides of the Flexor Carpi Ulnaris and Flexor Carpi Radialis respectively.

At Wrist { Ulnar runs *superficially* over Annular Lig. beneath Integuments to pass into Palm beneath Palmaris Brevis.  
 { Radial „ *deeply* „ „ Ext. Lateral „ „ „ Extensors of Thumb „ „ „ through 1st Dorsal Interosseous.

The Ulnar Nerve accompanies the Ulnar Artery over the Annular Ligament, to end on the inner side of the Palmar surface of the Hand.  
 „ Radial „ passes away from „ Radial „ beneath the Supinator Longus Tendon „ „ outer „ „ Dorsal „ „ „

In Hand { Ulnar curves *outwards*, resting on Flexor Tendons beneath Palmar Fascia, forming *Superficial* Palmar Arch.  
 { Radial „ *inwards* beneath „ „ „ resting on Metacarpus „ *Deep* „ „

The *Superficial Arch* is completed by joining *externally* a branch of the Radial, viz., *Superficialis Volæ* (or Radialis Indicis).  
 „ *Deep* „ „ „ „ *internally* „ „ Ulnar, „ *Deep* Palmar Branch.

## BRANCHES IN FOREARM.

Radial { Radial Recurrent to anterior aspect of External Condyle of Humerus, supplying *Elbow-joint*.  
 { Muscular Branches, unnamed, to outer Muscles of Forearm anteriorly.  
 { Anterior Carpal to anterior aspect of lower end of Radius, supplying *Wrist-joint*.  
 { Muscular Branch (*Superficialis Volæ*) to outer Muscles of Palm (Muscles of Thumb).

Arteries of the Upper Extremity—*continued.*

Ulnar	{	{ Anterior Ulnar Recurrent, to anterior aspect of Internal Condyle of Humerus.									
		{ Posterior " " " " " " " " " " " "									
		{ Unnamed Muscular Branches, to muscles on inner side of Forearm anteriorly.									
		{ Interosseous Artery	{ by Anterior Interosseous Div. to deep Muscles on front of Forearm and to Bones of Forearm.								
			{ " Posterior " " " " " " " " " " " " Elbow and Wrist-joints.								
		{ Anterior Carpal, to join Anterior Carpal of Radial, across lower margin of anterior surface of Radius ( <i>above</i> Wrist).									
		{ Posterior " " " " " " " " " " " " the back of the Carpus ( <i>below</i> " ).									
		{ Superficial Branch, to form Superficial Palmar Arch, and to supply parts on inner side of Palm of Hand.									
		{ Deep " (Communicating Branch) to join Deep Palmar Arch.									

Thus for every Branch of the Radial Artery in the Forearm there are two somewhat similar Branches of the Ulnar Artery.

## ANASTOMOSIS ROUND ELBOW-JOINT.

{	The Superior Profunda divides above the External Condyle into two branches, one going in front of it and one behind it.									
	,, Anastomotica " " Internal " " " " " " " "									
	,, Anterior and Posterior Ulnar Recurrents pass up to the Internal Condyle, the Anterior " " " " the Post. "									
	,, Radial and " " Interosseous " " " " External " " former " " " the latter "									
	,, Inferior Profunda " " " " " " " " " " " " ends behind the Internal " "									
,, Arteries in front of and behind each Condyle anastomose with each other.										

{	,, Superior Profunda forms an arch above the Joint posteriorly with the Anastomotica and Inf. Profunda }									
	,, Posterior Interosseous " " " " " " " " " " " " Posterior Ulnar Recurrent } the arteries behind the Condyles.									

## INTEROSSEOUS ARTERIES.

Common Interosseous, an inch in length, arises from Ulnar near its origin and divides opposite upper border of Interosseous Membrane.

{	Anterior Interosseous	runs down <i>deeply</i> on anterior surface of Interosseous Membrane to supply the deep Muscles and both Bones of Forearm.			
		passes through the lowermost part " " " " end with Post. Interosseous in Post. Carpal Arch.			
		A Special Branch accompanies the Median Nerve beneath the Annular Ligament to the Superficial Palmar Arch.			
		Thus, of three Arteries to the Palm, one (Ulnar) passes <i>over</i> the Annular Ligament, one (Median) <i>beneath</i> it, and one (Radial) <i>outside</i> it.			
{	Posterior Interosseous	passes backwards above upper border of Interosseous Membrane to appear at back between { Supinator Brevis			
		runs down <i>superficially</i> along outer edge of Extensor Carpi Ulnaris to end in Posterior Carpal Arch. { Ext. Oss. Met. Pol.			

The Anterior Interosseous thus lies as deeply as possible, whilst the Posterior lies superficially. Both end together in Posterior Carpal Arch. Compare with the 'Interosseous Nerves.'



**ARTERIES OF SCALP** (*Four*).

*One*, Ophthalmic, sends branches backwards from the front,

*One*, Occipital " " forwards " behind.

*Two*, Temporal and Posterior Auricular, are placed laterally, one in front and one behind Pinna of Ear (see Diagram).

N.B.—The Frontal Artery accompanies the Supratrochlear Nerve.—The Frontal Nerve is accompanied by the Supraorbital Artery.

**MENINGEAL ARTERIES.**

In each of the three Fossæ of the Skull there are two small Meningeal Arteries on each side which supply the Dura-mater, etc., of the contiguous part of the *Base* of the Skull.

In the Middle Fossa is also on each side a single large Artery, which supplies the Dura-mater, etc., of the *Vault* of the Skull.

{	In the	<b>Anterior Fossa</b>	are twigs from the Ant. and Post. Ethmoidal Arteries, entering through the Ant. and Post. Ethmoidal Canals.
	" "	<b>Middle</b> " "	the Small Meningeal & Meningeal of Ascend. Pharyngeal " " " For. Ovale, and For. Lacerum Med.
	" "	<b>Posterior</b> " "	" " " Mening. of Vertebral & " " " Occipital " " " Magnum " " " Postic.
" "	<b>Middle</b> " "	is the Great Meningeal, lying in the Meningeal Groove	" " " " Spinosum.

The **Gt. Meningeal** on entering the Skull, gives off *four* Branches radially { *outwards* to Dura Mater, etc. { *forwards* to join Lachrymal through Sphenoid. Fissure.  
 { *inwards* " Gasserian Ganglion { *backwards* to enter Tympanum " Hiatus Fallopii.

It thus gives a branch to the *outer* wall of the Tympanum just before entering the Skull, and a branch to the *inner* wall just after entering it.

**ARTERIES OF NOSE.**

*Three* distinct Arteries supply the Nose; one (Internal Maxillary), from *behind*, one (Ophthalmic) from *above*, and one (Facial) from the *front*; each Artery giving two Branches.

*Behind* are { Superior Nasal, entering through Spheno-palatine Foramen, ramifying over Superior and Middle Turbinated Bones.  
 { Inferior " (branches of Descending Palatine) " " Inferior " " " "

*In front* are { Twigs from Lateral Nasal.  
 { Artery of Septum (from Coronary Artery). *Above* are { Anterior Ethmoidal } terminal twigs.  
 { Posterior " }

Compare with Nerves of Nose.

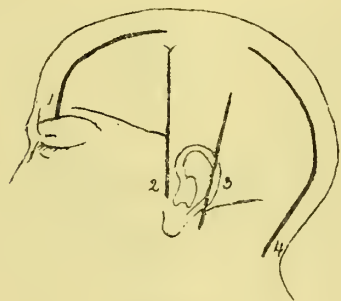
**ARTERIES OF TYMPANUM.**

On *Outer* Wall (around Membrana Tympani) there is a circle, formed by { Stylo-mastoid from Posterior Auricular *behind*, and  
 { Tympanic " " Great Meningeal *in front*.

On *Inner* Wall (over the Promontory) " " an anastomosis between { Branch of Great Meningeal through Hiatus Fallopii.  
 { " " " Vidian Artery " " Eustachian Tube.

A small twig or two from the Internal Carotid enters the Tympanum in front through the Carotid Canal.

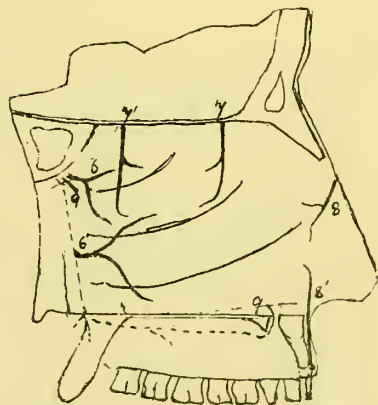
## ARTERIES OF SCALP.



- 1.- Supraorbital Artery.
- 2.- Temporal " (Superf.).
- 3.- Posterior Auricular..
- 4.- Occipital "

See also "Cutaneous Nerves" of Head & Neck."

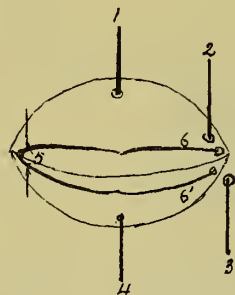
## ARTERIES OF NOSE.



- 6 & 6'- Sup & Inf. Nasal Arteries
- 7 & 7'- Ant. & Post. Ethmoidal Arteries.
- 8 & 8'- Br. of Lat. Nasal Art. & Art. of Septum.
- 9 - Naso-palatine Artery.

See also "Sup. Maxillary Nerve. etc."

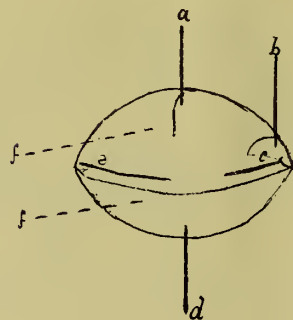
## ARTERIES OF EYELIDS.



- 1.- Supraorbital Art.  
2.- Frontal "  
3.- Nasal of Ophth<sup>e</sup>..

- 4.- Infraorbital Art.  
5.- Lacrymal "  
6 & 6'- Sup. & Inf. Palp. Arts.

## NERVES OF EYELIDS.



- a.- Supraorbital N.  
b.- Supratrochlear "  
c.- Infratrochlear "  
d.- Infraorbital N.  
e.- Lacrymal  
f.- Facial N. (Malar Brs).

See also "Cutaneous Nerves of Head & Neck."

For ARTERIES OF PHARYNX see pp 147. and 148.



### The Superior and Inferior Thyroid.

{ Upper *Molars* and *Bicuspid*s\* are supplied by the **Alveolar** ; (Sup. Dental) — *Canines* and *Incisors* by **Anterior Dental**.  
 { Lower " " " " " " **Inf. Dental** (main trunk) ; — " " " " **Incisor Branch** of Inf. Dental.

" Sup. " " (Alveolar) differs from the Inf. and from the Arts. in supplying only the upper Molars, the Ant. Dental supplying the other Teeth.

The **Principes Cervicis** (of the Occipital) passes *downwards* and inwards from above, } uniting over the Triangle with twigs of the  
 „ **Profunda Cervicis** („ „ Sup. Intercostal) „ *upwards* „ „ below } **Vertebral.**

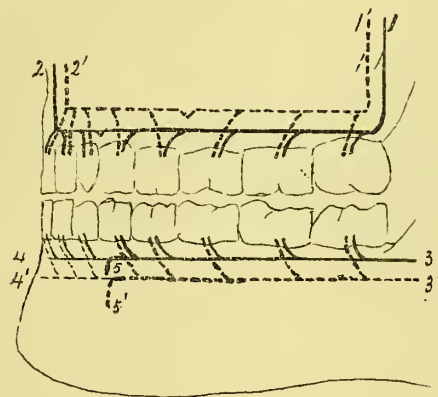
**Pulmonary Artery** { arises from Right Ventricle in front of origin of Aorta, and runs upwards to the left, on left side of Aorta, for 2 in.  
{ divides in the concavity of the Arch of the Aorta into { *Right Branch*, the longer, passing *behind* Ascending part of Arch.  
{ *Left* " " shorter " *in front* of Descending " "

*Relations* { *on either side* at its origin are the Auricular Appendages and the Coronary Arteries.  
*behind* it " " is " Left Auricle.  
*around* " " " " Sheath of Serous Pericardium, common to it and to Aorta.

Since the Right Bronchus is more horizontal than the Left, it lies above the corresponding Branch of the Pulmonary Artery in the Root of the Lung, whereas the Left Bronchus lies below the level of the Left Branch. For comparative Relations of the Structures in the Root of the Lung, see 'Intercostal Arteries' (p. 117). For Bronchial Arteries see 'Thoracic Aorta' (p. 118).

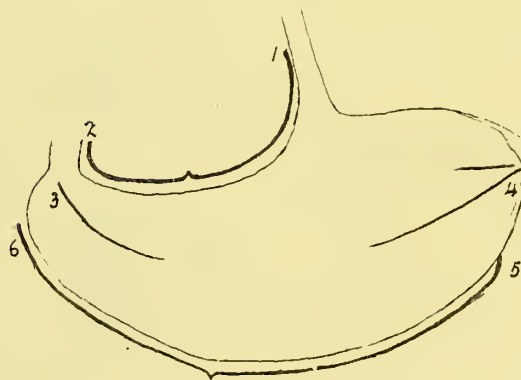
*Intermediately*,—posteriorly, **Post. Pyloric** at Pyloric End, —**Vasa Brevia** „ „ at Cardiac End.

## ARTERIES AND NERVES OF TEETH.



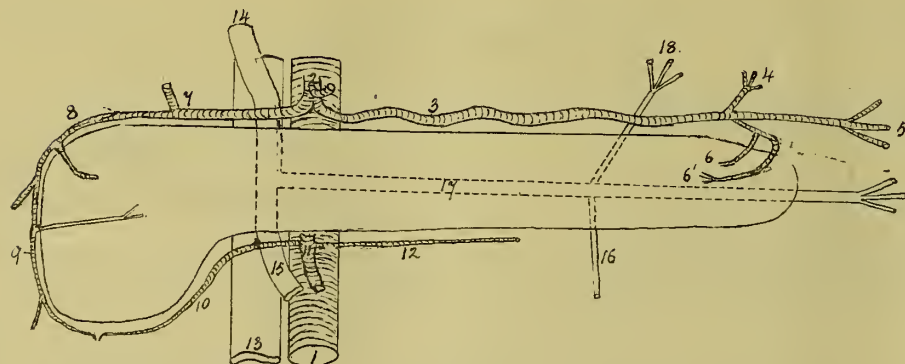
- |                         |                                 |
|-------------------------|---------------------------------|
| 1.- Sup. Dental Artery. | 3'- Inf. Dental Nerve.          |
| 1'- " " Nerve.          | 4.- Incisor Br. of Inf. D. Art. |
| 2.- Ant. " Artery.      | 4'- " " " Nv.                   |
| 2'- " " Nerve.          | 5.- Mental " " Art.             |
| 3.- Inf. " Artery.      | 5'- " " " Nv.                   |

## ARTERIES OF STOMACH.



- |                       |                               |
|-----------------------|-------------------------------|
| 1.- Coronary Artery.  | 4.- Vasa Brevia.              |
| 2.- Pyloric " "       | 5.- Left Gastro-epiploic Art. |
| 3.- Post. Pyloric " " | 6.- Right " " " "             |

# ARTERIES AND VEINS IN RELATION WITH PANCREAS.



1.- Aorta.

2.- Celiac Axis.

3.- Splenic Artery.

4.- Vasa Brevia.

5.- Terminal Brs.

6. & 6'- Pancreatic Brs. & Panc. Mug. 12- First Br. to Small Intestine.

7.- Hepatic Artery.

8.- Gastro-duodenal Artery.

9.- Sup. Pancreatico-duodenal Art.

10.- Inf.

11.- Superior Mesenteric Artery.

See also pages 120 & 155.

13.- Vena Cava Inferior.

14.- Portal Vein.

15.- Sup. Mesenteric Vein.

16.- Inf.

17.- Splenic Vein.

18.- Veins from Cardiac End of Stomach.

**ARTERIES OF PANCREAS.**

As in the case of the Stomach, Arteries lie along each border and intermediately.

{ *Above the Upper Border* the **Cœliac Axis** arises from the Aorta.  
 { *Below „ Lower „ „* **Sup. Mesenteric** „ „ „

*Along „ Upper „ „* **Hepatic** runs from the Cœliac Axis to the *right* and the **Splenic** to the *left*.  
*„ „ Lower „ „* **Inf. Panc.-duod.** of Sup. Mesenteric runs „ „ „ first **Artery** to **Small Intestine** to the *left*.  
*Intermediately „* **Sup. Panc.-duod.** of Hepatic sends branches inwards from the *right* & the **Pancreatic** of Splenic from the *left*.

See also 'Veins of Pancreas,' p. 155.

**ARTERIES OF RECTUM.**

The **Superior Hæmorrhoidal** divides at upper end of Rectum into *two* Branches running longitudinally one on each side.  
 Two **Middle** „ „ joining with Superior form with it *five or six* „ „ „ on Rectum *intermediately*.  
 Two **Inferior** „ „ „ the last-named Branches form *loops* at *lower end* of Rectum opposite Internal Sphincter.

## GENERAL VIEW OF THE ARTERIES OF THE TRUNK-WALLS.

Running *longitudinally* downwards in the *mid-line* of the Trunk in front of the Spine is the **Aorta**.

From the *lower end* of the Aorta come off on each side the main trunks for the Pelvis and Lower Limbs.

" *upper part* " " **External Iliacs**" arise from the "Aorta" by a common trunk, the **Common Iliac**, as do also

the former (the **Internal** and **External Iliacs**) arise from the "Aorta" by a common trunk, the **Common Iliac**, as do also the latter (the **Carotid** and **Subclavian**) on the right side by the **Innominate Artery**.

The Left Carotid and Left Subclavian are unsymmetrical, arising directly and separately from the Aorta.

Springing from Artery for Upper Limb (Subclavian) is a Branch (**Int. Mammary**) which turns *longitudinally* down near *mid-line* in front.

" " " Lower " (Ext. Iliac) " " (Epigastric) " " " upwards, " " "

Within the Rectus Muscle the Internal Mammary and Epigastric join.

There are thus *three longitudinal* Vessels in the wall of the Trunk, *one* in the mid-line behind, and *two*, one on each side of the mid-line in front.

Connecting the Aorta behind with these Vessels in front are on each side a series of arterial arches, one opposite each Dorsal Vertebra except the *first*, and each Lumbar Vertebra except the *last*. These arches are formed by the **Intercostal** and **Lumbar Arteries** *posteriorly* and outgoing Branches of the **Internal Mammary** and **Epigastric Arteries** *anteriorly* in the Dorsal and Lumbar Regions respectively.

The place of the Intercostal Arch opposite the 1st Dorsal Vertebra (1st Intercostal Space) is taken by the **Superior Intercostal**, a branch from the Subclavian, the *outer* of the two main trunks for the Head and Upper Limb.

The place of the Lumbar Arch opposite the last Lumbar Vertebra is taken by the **Ilio-lumbar**, a branch from the Internal Iliac, the *inner* of the two main trunks for the Pelvis and Lower Limb.

Springing from these Arches posteriorly, anteriorly, and laterally are perforating branches which supply the Integuments, etc.

# ARTERIES OF TRUNK - WALLS.

1.- Aorta.

2-2'- Common Iliacs, R<sup>t</sup> & L<sup>ft</sup>

3-3'- Internal " " "

4-4'- External " " "

5.-5'- Common Carotids "

6-6'- Subclavian Arts. "

7.- Innominate Art.

8.-8'- Int. Mammary Arts - R<sup>t</sup> & L<sup>ft</sup>.

9.-9'- Deep Epigastric " "

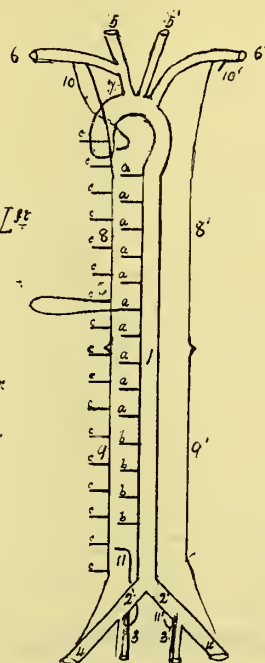
10, -10'- Sup. Intercostal " "

11.-11'- Ilio-lumbar " "

a.- Intercostal Arts.

b.- Lumbar "

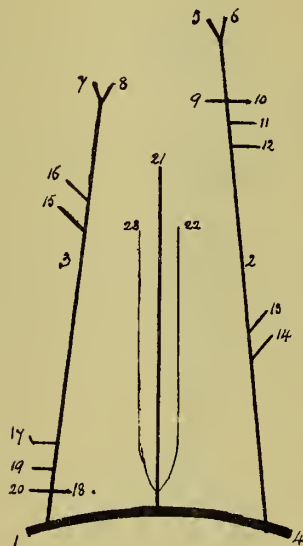
c.- Outgoing Brs. of Int. Mammary <sup>& Epig<sup>tr</sup></sup>



One only of the Intercostal & Lumbar Arches  
is indicated.

## VEINS OF NECK.

- 1.- Subclavian Vein.
- 2.- Internal Jugular.
- 3.- External "
- 4.- Innominate "
- 9.- Occipital Vein.
- 10.- Pharyngeal "
- 11.- Facial "
- 12.- Lingual "
- 13.- Sup. Thyroid "
- 14.- Middle " "
- 21.- Vertebral Vein.



- 5.- Lateral Sinus.
- 6.- Inf. Petrosal "
- 7.- Temporal Vein.
- 8.- Int. Maxillary "
- 15.- Post. Auricular V.
- 16.- Commun. with Int. Jug.
- 17.- Post. Ext. Jugular.
- 18.- Anterior "
- 19.- Transverse Cervical V.
- 20.- Suprascapular " "
- 22.- Ascending Cervical V.
- 23.- Deep " "



## CRANIAL SINUSES.

There are *two Sets* of Sinuses { the *Posterior* comprising *four* single Sinuses and *one* pair.  
 { the *Anterior* „ „ *two* „ „ „ *three* pairs.

A. —One Sinus of each Set receives Veins from the neighbouring parts of the Encephalon only.

B. —One „ „ „ „ „ „ special „ „ „ also.

C. —The other Sinuses „ „ { receive „ „ neighbouring „ „ „ and  
 { communicate in addition with Veins on the exterior of the Skull.

A. { **Inferior Longitudinal S.** posteriorly { do not receive any special offsets.  
 { **Transverse S.** anteriorly

B. { **Straight S.** posteriorly receives the Veins of Galen from the interior of the Cerebrum.  
 { **Circular S.** anteriorly „ „ „ the Pituitary Body.

C. { **Superior Longitudinal S.\*** posteriorly „ „ Emissary Veins through the Parietal Foramen and Foramen Cæcum (often).  
 { **Lateral S.\*** „ „ „ „ „ „ „ Mastoid „ „ Posterior Condylar Foramen.  
 { **Occipital S.** „ „ „ Branches from the Plexus of Veins in the Spinal Canal.  
 { **Cavernous S.\*** anteriorly „ „ Ophthalmic Vein through Sphen. Fiss. and a vein from Pterygoid Plex. through [For. Vesalii.  
 { **Superior Petrosal S.** „ „ a Vein from the Internal Ear.  
 { **Inferior Petrosal S.** „ „ an Emissary Vein through the Foramen Basis Cranii.

{ The Blood from the posterior Sinuses is entirely conveyed out of the Cranial Cavity by the Lateral Sinus.  
 { „ „ „ anterior „ partly „ „ „ „ „ „ „ and partly by the Inferior Petrosal Sinus.

{ The Inferior Petrosal Sinus joins with the Lateral Sinus below the Foramen Jugulare to form the Internal Jugular Vein.  
 { „ Superior „ „ „ „ „ within the Skull.

\* See 'Emissary Veins,' p. 20.

*commences* by the union of the Innominate Veins just below Cartilage of 1st Rib, on right side and *ends* at upper part of Base of Heart, lies *between* the Aorta on the left, and the Right Phrenic Nerve on the right (by which it is separated from the Right Lung),  
 „ *in front of* the Root of the Right Lung and *within* a special sheath of the Serous Pericardium.

**INNOMINATE VEINS** { *commence* by the union of Subclavian and Internal Jugular Veins behind Sternal End of Clavicle, and  
*end* by joining to form the Vena Cava Superior just below Cartilage of 1st Rib on the right side.

The **Tributaries** correspond to the Branches of the Subclavian Artery (except Vertebral) -

	{ <i>Internal Mammary</i> , double, accompanying Internal Mammary Artery. <i>Inferior Thyroid</i> * from front of Trachea. <i>Superior Intercostal</i> { the <i>Right</i> (often joining Azygos Major Vein). „ <i>Left</i> crossing Arch of Aorta.

}	<b>V. A. Major</b> (Right)	commences below from the Right Ascending Lumbar Vein, & enters Thorax through Aortic opening (or Rt. Crus sometimes).									
	<b>V. A. Minor</b> (Left)	"	"	"	Left	"	"	"	"	"	Left Crus (or Aortic opening sometimes).

The Minor opposite the 6th (or 7th) Vertebra crosses beneath the Thoracic Duct to enter the Major,

" Major " " 3rd Intercostal Space, curves over the Root of the Rt. Lung " " " Vena Cava Superior.

**Tributaries** { The *Minor* receives the Intercostal Veins of the lower **5** or **6** Spaces on the left side,  
 " *Major* " { "Esophageal twigs," the right <sup>9</sup> **10** " right " and also  
 " " " { "the right Bronchial Vein," the Vena *Azygos Minor* and Vena *Azygos Minima*.

**V. A. Minima** { is formed by the union of two or three Left Intercostal Veins just above those entering the Vena Azygos Minor, and  
 { opens directly into the Vena Azygos Major.

The upper two or three Right, and the upper three or four Left Intercostal Veins unite to form the Right and Left Superior Intercostal Veins respectively.

\* The Left Bronchial Vein generally enters the Left Superior Intercostal

## VEINS OF HEART.

{	Great Cardiac Vein	{ commencing on the <i>front</i> of the Heart near the Apex, winds over the <i>Left</i> border of the Heart, and running in the <i>Left</i> Auriculo-ventricular Groove becomes continuous with the Coronary Sinus.
{	Post. Cardiac Veins	—commence on the <i>back</i> of the Heart near the Apex, and run upwards to join " " "
{	Oblique Vein	—runs obliquely across the back of the Left Auricle to enter " " "
	Coronary Sinus	—thus receives three sets of Veins, one from the front and one from the back of the Left Ventricle chiefly, and one from over the Left Auricle.
	Venæ Cordis Parvæ	—a few small vessels chiefly over the Right Ventricle anteriorly, opening directly into Right Auricle.

## SPINAL VEINS.

**VENÆ BASIS VERTEBRÆ**. — passing through bodies of Vertebrae, joining { anteriorly veins on the anterior surfaces of the Vertebrae.  
posteriorly the Anterior Longitudinal Spinal Veins.

**Dorsal Spinal Veins** — „ between Laminæ „ „ „ { anteriorly „ Posterior  
posteriorly veins of Muscles, etc., of Back.” „

{ **Ant. Longitudinal Veins**—(two) running vertically behind Bodies of Vertebrae, irregular and tortuous, giving branches outwards through Intervertebral Foramina.

{ **Post. Longitudinal Veins**—forming a close plexus on anterior surfaces of Laminæ, joining branches of Anterior Veins through Intervertebral Foramina.

**The Veins of the Cord** —forming a plexus over the Cord, small and tortuous, communicating with Spinal Veins and Cranial Sinuses.

## VEINS OF UPPER EXTREMITY.

<b>Radial Vein</b>	—commences	on back of radial side of Wrist forming arch on Dorsum with Post. Ulnar V.
<b>Post. Ulnar Vein</b>	—	" " " " ulnar " " " Radial V.
<b>Ant. Ulnar Vein</b>	—	" " front " " " joining Post. Ulnar V. at bend of Elbow.
<b>Median Vein</b>	—	" " " of Wrist and Palm & is joined by Br. from Deep Veins " " "

<b>Median Vein</b>	—divides at bend of Elbow into	{ Median Basilic, the larger, shorter, and more oblique.
<b>Radial Vein</b>	—unites with Med. Cephalic V. to form	{ Median Cephalic " smaller, longer " less "
<b>Ulnar Veins</b>	—unite " Med. Basilic V. " "	Cephalic V. which joins the Axillary Vein near its termination. [Vein.]
		Basilic V. " " " Brachial Venæ Comites to form Axillar.

# AZYGOS VEINS, ETC.

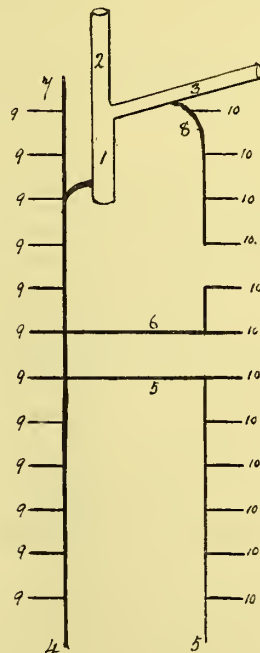
1- Vena Cava Sup.

2- Right Innominate V.

3 Left Innominate V.

4- V. Azygos Major.

5- V. Azygos Minor.



6- V. Azygos Minima

7- Right Sup. Intercostal V.

8- Left Sup. Intercostal V.

9- Right Intercostal Vs.

10- Left Intercostal Vs.



**INFERIOR VENA CAVA** { commences on right side of 5th Lumbar Vertebra by the junction of the two Common Iliac Veins.  
ascends " " " Aorta, but is separated from it above by the Right Crus of the Diaphragm.  
becomes embedded in the posterior border of the Liver and passing through Diaphragm ends in Right Auricle.  
It rests on all the right lateral branches of the Aorta except the Spermatic (or Ovarian) which crosses it.

Its **Tributaries** correspond to the Branches of the Abdominal Aorta which pass to the non-alimentary Viscera, and to the Abdominal Parietes. It also receives the Hepatic Veins.  
On the left side the Suprarenal and Spermatic Veins open into the Renal Vein, but on the right side into the Vena Cava directly.  
The Middle Sacral Vein generally ends in the Left Common Iliac Vein.

**ILIAC VEINS,** —For relations, etc., see 'Iliac Arteries,' p. 122.

**Tributaries** { The Common Iliac Vein receives the Ilio-lumbar and Lateral and Middle Sacral Veins.  
" External and Internal Iliac Veins receive Branches corresponding to the Branches of the Arteries which they accompany.

The **Visceral Veins** in the Pelvis form a series of Plexuses from before backwards around or below the Viscera,

communicating { *anteriorly* with the veins external to the Pelvis by the Dorsal Vein of the Penis.  
*above and behind* " " Portal Vein by the Superior Hæmorrhoidal Vein.  
*below* " " " " Int. Iliac Vein " direct branches.

**PORTAL VEIN** { 3 inches long, commences by union of Superior Mesenteric and Splenic Vein, over Inf. Vena Cava, beneath Pancreas.  
passes up beneath Hepatic Duct and Hepatic Artery,—the former being to the right of the latter,  
divides in Transverse Fissure of Liver into right and left Branches for corresponding Lobes.

For Relations in root of Liver see 'Intercostal Arteries,' p. 118.

**Relation of Veins to Pancreas** { Running from left to right *beneath* the Pancreas is the Splenic Vein,  
entering beneath its *lower border* are { the Inf. Mesenteric to the *left* on its way to join with the Splenic.  
" " " *upper* " " Sup. " " *right* " " to form with Splenic the Portal  
emerging from " " " " *right* " is the Portal Vein. [Vein.

See 'Arteries of Pancreas,' p. 149.

The Intercostal veins have complete valves; the Azygos veins have imperfect valves; the left Spermatic has one valve at its junction with the Renal; and the Inferior Vena Cava has an imperfect one at its point of entry into the Right Auricle. The other veins of the Thorax and Abdomen have no valves.

## VEINS OF LOWER LIMB.

For Relations of **Femoral** and **Popliteal Veins** see 'Femoral' and 'Popliteal Arteries,' pp. 125 and 127.

The main vein crosses the Artery twice, lying first to its inner side, then behind it, then to its outer side, then (in Popliteal Space) crossing behind again, and lastly (at termination of Popliteal), lying at its inner side once more.

The **Saphena Veins** in their course correspond with the Saphenous Nerves (which see); they commence in a transverse arch on the Dorsum of the Foot.

## THORACIC DUCT.

Course, etc.	{ Commences in Abdomen opposite <i>first</i> Lumbar Vertebra, and <i>ends</i> in Neck opposite <i>last</i> Cervical Vertebra. { Passes up <i>intermediately</i> through Aortic Opening in Diaphragm and through Posterior Mediastinum in Thorax. { At its commencement (as the Receptaculum Chyli) it receives the Lumbar Lymphatics. { „ termination it opens into the outer angle of union of the Left Internal Jugular and Subclavian Veins. { At its <i>lower end</i> it is largest, at its <i>upper end</i> it is also enlarged, <i>intermediately</i> it is narrowest or subdivided.
Relations	{ In Abdomen, it lies upon Ant. Common Lig. of Vertebræ, beneath Aorta, between the Vena Azygos Major and Vena Azygos Minor. { In Thorax { it lies at first between Aorta & Vena Azygos Major, crossing { opposite 6th Dorsal Vert. over the V. Azygos Min. { „ „ higher up „ Oesophagus and Left Pleura. { „ 3rd „ „ under Arch of Aorta. { In Neck It curves outwards opposite 7th Cervical Vertebra { from under Carotid Sheath, resting upon Longus Colli, { over Subclavian Art. (3rd part) „ „ Scalenus Anticus.
Tributaries	{ The Duct receives Lymph from all parts of the Body except the following :— { { Right Side of Head and Neck, { Right Side of Thorax, — Post. and lateral parts of Sup. Surface of Liver, { { „ Upper Extremity, { „ „ „ Heart & Rt. Lung

The Lymphatics from these parts unite to form the **Right Lymphatic Duct**, which after a course of about half an inch at the Root of the Neck, opens into the outer angle of union of the Right Internal Jugular and Right Subclavian Veins.

# NERVES.



## GANGLIA (Branches, etc.)

Glosso-pharyngeal	{	Jugular Gangl.	—No Branches arise from it.	
		Petrous Gangl.	{ forwards	—Jacobson's Nerve (see 'Tympanic Plexus').
	{	{ backwards	—Communicating Branch to Vagus (Ganglion of Root).	
			— " " " " Sympathetic (Superior Cervical Ganglion).	
Pneumogastric	{	Gangl. of Root	{ outwards	—Arnold's Nerve.
			{ downwards	—Communicating Branch to Sympathetic (Sup. Cervical Ganglion).
			{ backwards	— " " " " Spinal Accessory Nerve.
			{ forwards	— " " " " Glosso-pharyngeal " .
	{	Gangl. of Trunk	behind, 2 Roots	{ from Loop between 1st and 2nd Cervical Nerves.
				{ " Sympathetic (Superior Cervical Ganglion).
			in front, 2 Branches	{ Pharyngeal Branch (to Pharyngeal Plexus).
				{ Superior Laryngeal Branch.
			above	{ continuous with main trunk of Vagus.
				{ receiving Accessory Part of Spinal Accessory.
	{	Gangl. of Trunk	below	continuous with main trunk of Vagus.
			behind, 4 Roots	—from First, Second, Third and Fourth Cervical Nerves.
			in front, 4 Branches	{ Communicating Branch to Hypoglossal and Vagus.
				{ Nervi Molles (to External Carotid Artery).
Sympathetic—Sup. Cervical Ganglion	{			{ Pharyngeal* (to Pharyngeal Plexus).
				{ Superior Cardiac Nerve.
			above	{ continuous with main trunk of Sympathetic.
	{			{ giving Communicating Branch to Petrous Gangl. and Gangl. of Root.
			below	continuous with main trunk of Sympathetic.

In the communications above mentioned between the Pneumogastric, Hypoglossal, Sympathetic and Loop between 1st and 2nd Cervical Nerves, each Nerve communicates with the other three. Compare the Branches of the Petrous Ganglion and the Ganglion of the Root, and also those of the Ganglion of the Trunk and the Superior Cervical Ganglion as indicated above.

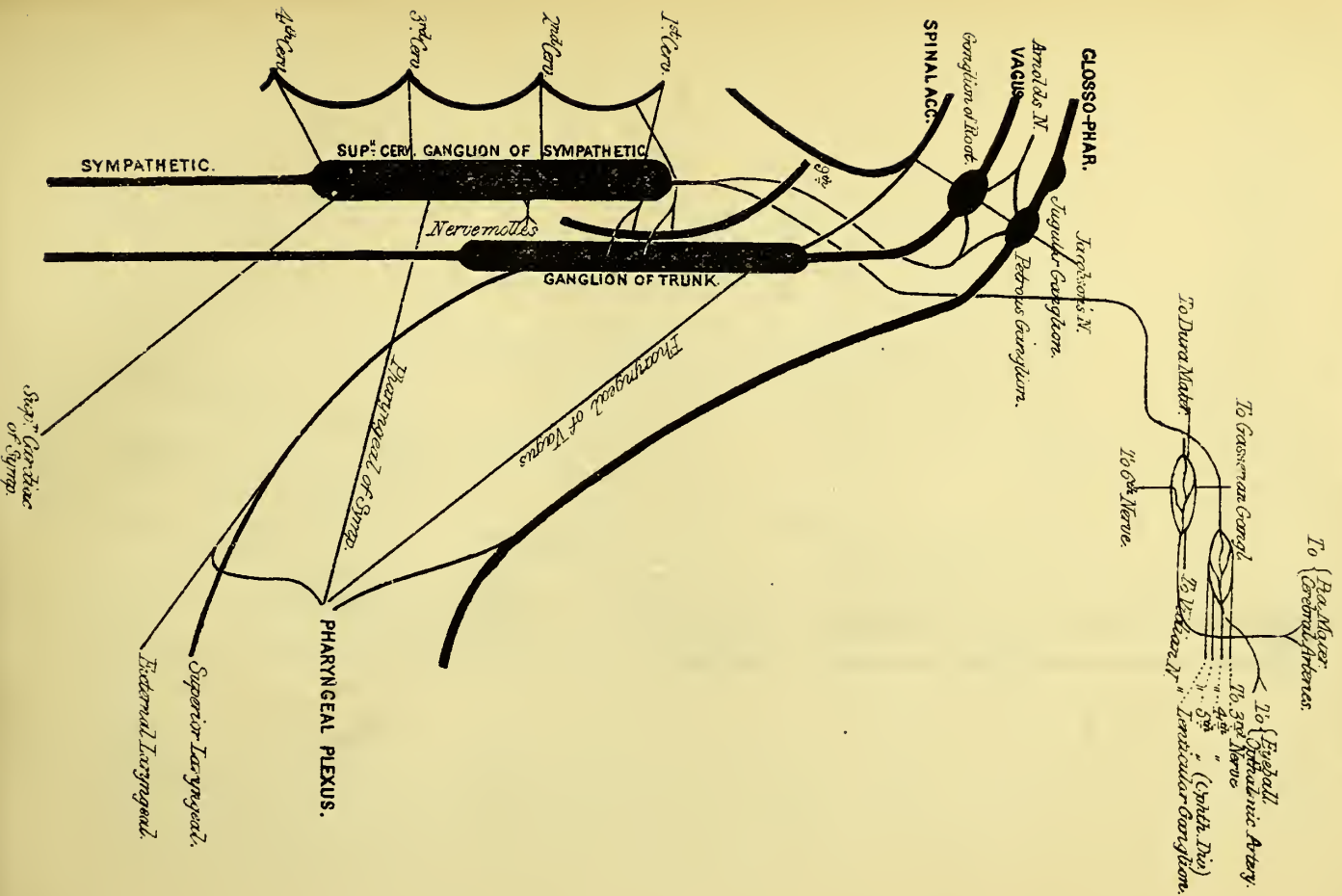
\* The Laryngeal offset of the Sympathetic is generally blended with the Laryngeal of the Pneumogastric.

## PLEXUSES (Branches, etc.)

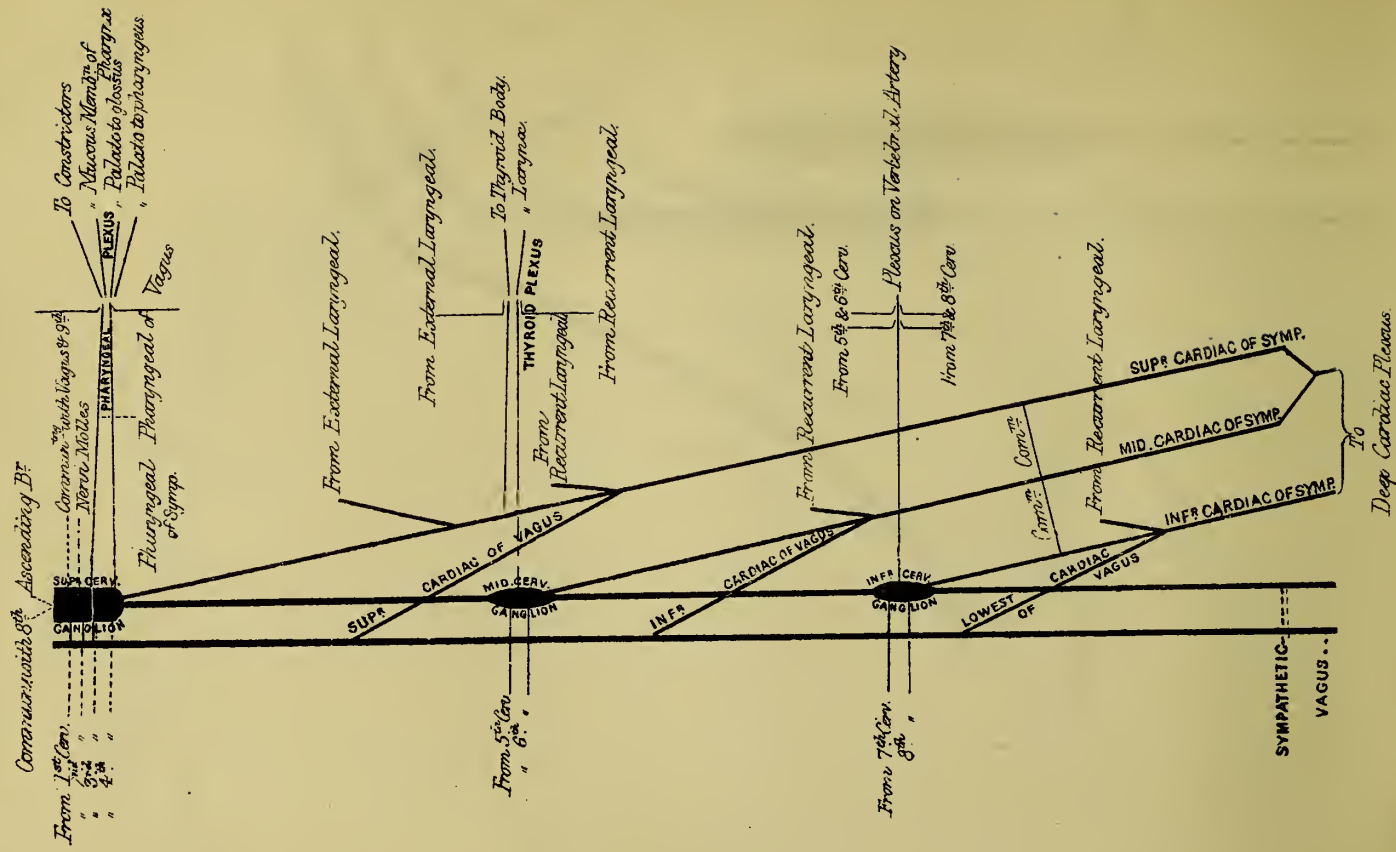
Sympathetic	{	Cavernous Plexus	— <i>forwards</i> , 4 Branches	{	To join Third Cranial Nerve.
				{	" Fourth " " (Ophthalmic Div.). " Fifth " " " Lenticular Ganglion.
	{	Carotid Plexus	— <i>radiately</i> , 4 Branches	{	" Fifth Cranial Nerve (Gasserian Ganglion). " Sixth " " Great Superficial Petrosal Nerve to form Vidian Nerve.
				{	To supply Dura-Mater.
	{	Terminal Branches	<i>forwards</i> , 2 Branches	{	" Eye-ball. " Ophthalmic Artery.
			<i>upwards</i> , 2 Branches	{	" Pia Mater. " Cerebral Arteries.

For Pharyngeal Plexus, etc., see Diagram B.

# DEEP NERVES OF NECK. — DIAGRAM A.



# DEEP NERVES OF NECK. — DIAGRAM B.





**A. DEEP PLEXUS.**

The Deep Plexus is divided into a Right and a Left Part.

The **Right Part** receives 2 Trunks:—

The <i>Upper</i> comprising 4 Nerves	{	{ Right Superior Cardiac of Sympathetic.
		{ „ Middle „ „ „
		{ „ Superior „ „ Vagus.
		{ „ Inferior „ „ „

The <i>Lower</i> comprising 2 Nerves	{	From Right Recurrent and adjoining part of Vagus,
		The Inferior Cardiac of Sympathetic.

The **Left Part** also receives 2 Trunks:—

The <i>Upper</i> comprising 3 Nerves	{	{ Left Middle Cardiac of Sympathetic
		{ „ Inferior „ „ „
		{ „ Superior „ „ Vagus

The <i>Lower</i> comprising 1 Nerve	{	From Left Recurrent Laryngeal only.
---	---	-------------------------------------

The <b>Right</b> Part gives 4 Branches	{	To Right Anterior Pulmonary Plexus.
		„ „ Auricle.
		„ „ or Anterior Coronary Plexus.
		„ „ Posterior Coronary Plexus.

The <b>Left</b> Part gives 4 Branches	{	To Left Anterior Pulmonary Plexus.
		„ „ Auricle.
		„ „ Superficial Cardiac Plexus.
		„ „ Posterior Coronary Plexus.

Notice the numerical composition of the Roots, and the analogous distribution of the Branches.

**B. SUPERFICIAL PLEXUS.**

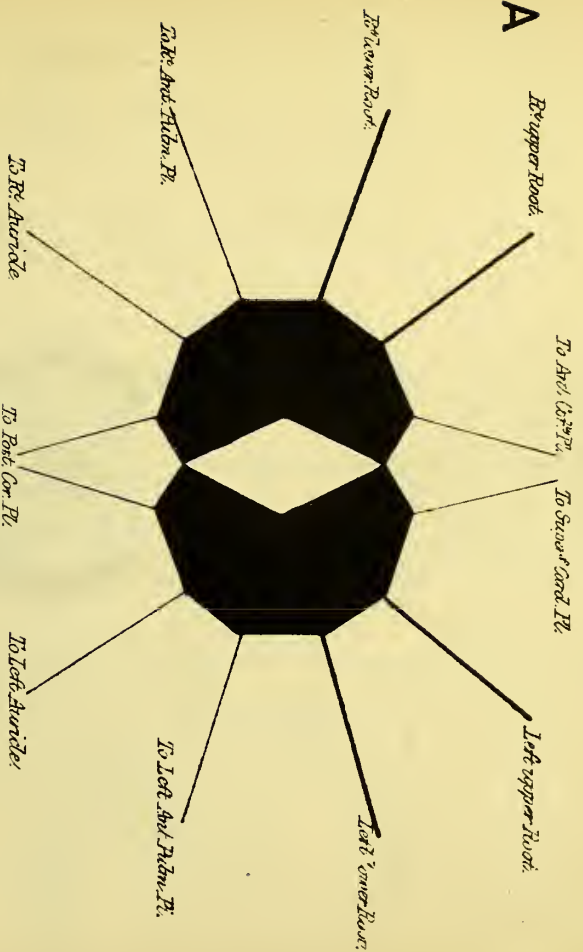
Receives 2 Roots	{	Left Inferior Cardiac of Vagus	{	<i>above</i> , and also	a special offset from the Deep Plexus <i>below</i> .
		„ Superior „ „ Sympathetic			

Gives 2 Branches	{	To „ Anterior Pulmonary Plexus.	{	the latter receiving	„ „ „ „ „
		„ Right or „ Coronary „			

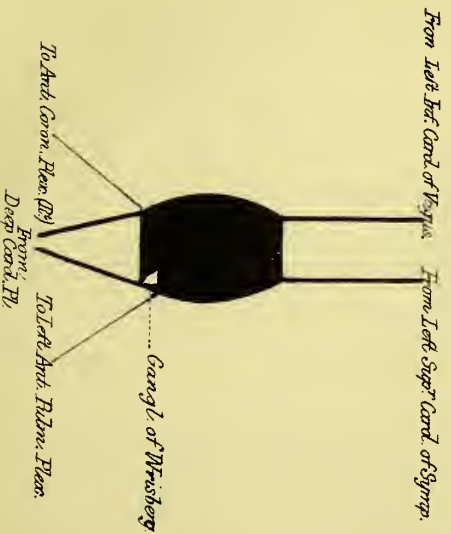
All the Cardiac Nerves end in the Deep Plexus, except the Left Superior or Superficial Cardiac of the Sympathetic and the Left Inferior Cardiac of the Vagus.

# CARDIAC PLEXUS.

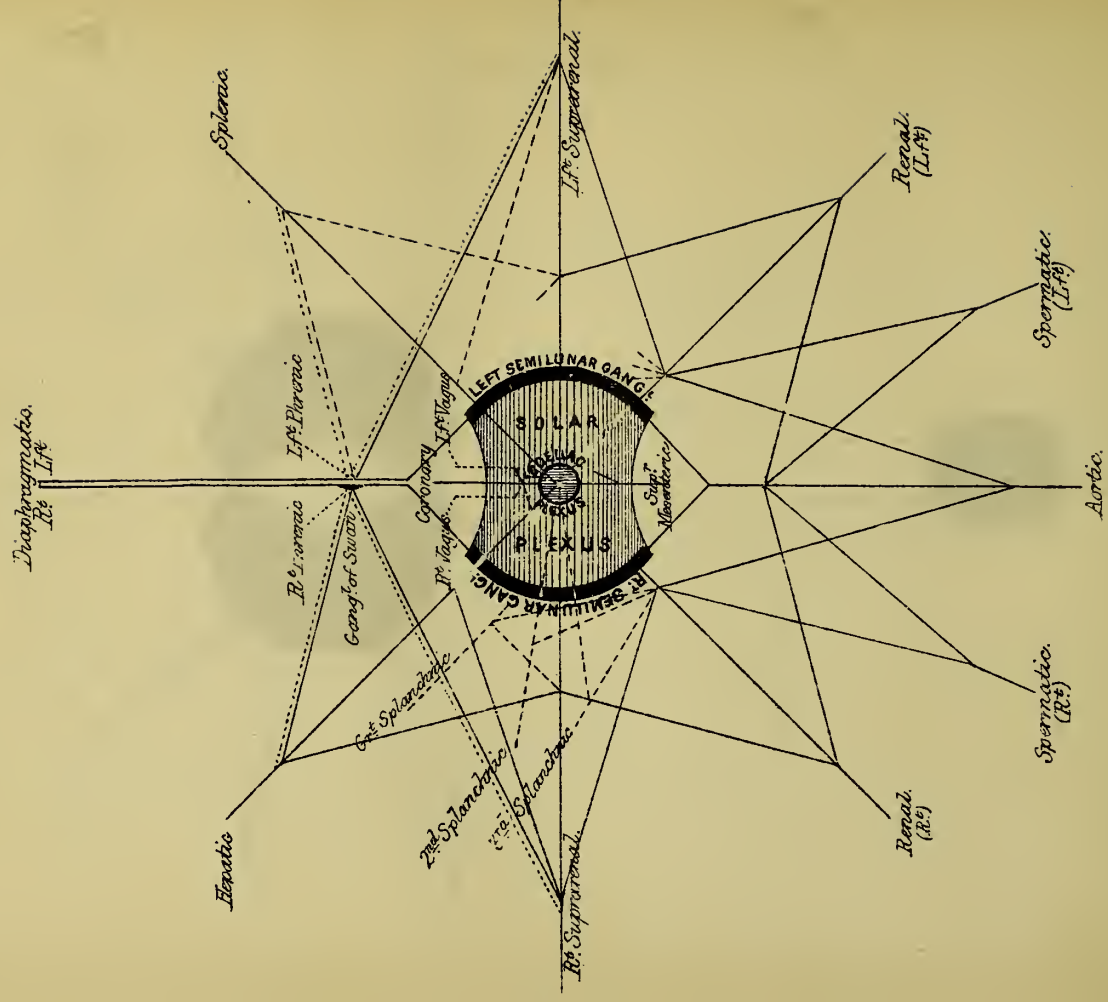
**A**



**B**



# SOLAR PLEXUS.



The Central shaded part of the Diagram represents the Right and Left Semilunar Ganglia with the intervening Solar Plexus, and the small circle in the centre represents the Cœliac Plexus. The radiating lines represent the main offsets from the central Plexuses, the other lines the communications of those offsets; the interrupted lines show where branches are wanting; the dotted lines mark out the special nerves joining the Plexus.

It will be noticed that the main offsets correspond to lines drawn so as to bisect the sides and angles of an imaginary square described about the figure representing the Plexus, and that the chief communications may be shown by triangles erected upon the sides and over the angles of such a square. The lines converging on the Hepatic, Splenic and Renal lines are sides of the triangles erected on the sides of the square.

### BRANCHES.

All the *radiating branches*, except the Hepatic, join one or other of the Semilunar Ganglia.

The **Cœliac Plexus** gives off the Coronary, Splenic, Hepatic and part of the Superior Mesenteric Plexuses. The **Coronary** has no other origin. The **Splenic** joins only the Left Semilunar Ganglion, being itself joined by the Right Vagus. The **Superior Mesenteric** receives a root from the left side of the Solar Plexus.

The <b>Hepatic</b>	<i>receives from</i> the Diaphragmatic and Rt. Suprarenal, and <i>gives to</i> the Right Suprarenal.			
The <b>Right Suprarenal</b>	" "	"	Rt. Renal, Hepatic and Diaphrag.	" " " Right Renal and Hepatic.
" <b>Left Suprarenal</b>	" "	"	Left Renal and Diaphragmatic	" " " Left Renal.
" <b>Renal</b> (Right or Left)	" "	"	Suprarenal and Aortic	" " both, and to the Spermatic.
" <b>Spermatic</b> ( " " " )	" "	"	Aortic and Renal.	
" <b>Aortic</b>	" "	"	Renal (right and left)	" " both Renals and both Spermatics.
" <b>Diaphragmatic</b>	gives to the Hepatic and to both Suprarenals.			

### ROOTS.

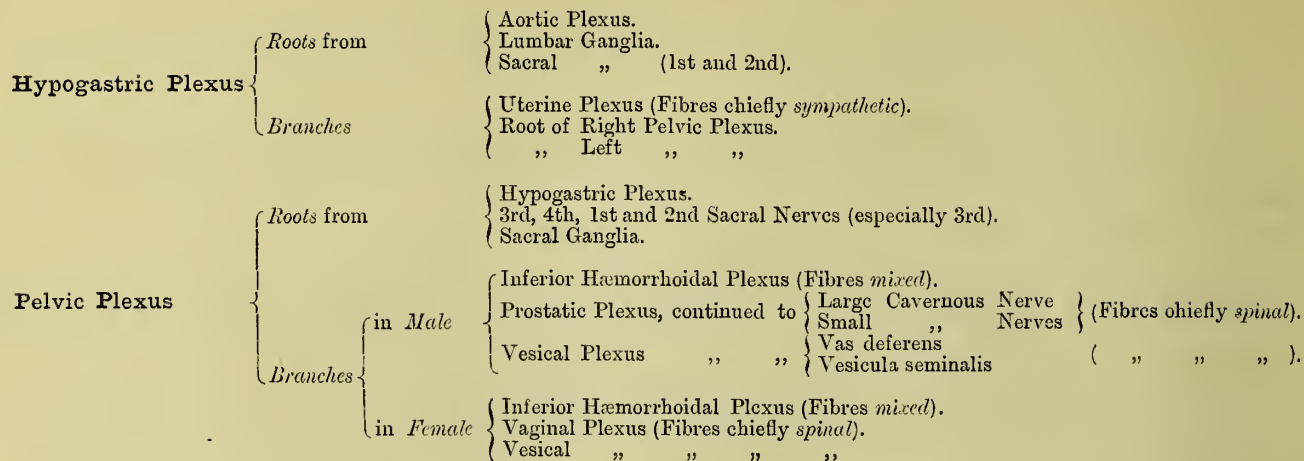
The **Phrenic Nerves** join the Diaphragmatic Plexus; the **Right** through the Ganglion of Swan, sending on filaments to the Right Suprarenal and Hepatic; the **Left** sending only to the Left Suprarenal.

The **Right Vagus** joins the Cœliac Plexus (*left* side) and Splenic; the **Left Vagus** joins the Hepatic.

The <b>Great</b>	<b>Splanchnic</b> ends in the Semilunar Ganglion, and joins the Suprarenal and Renal.			
The <b>Small</b> (2nd)	"	"	"	Cœliac Plexus, " " " Renal.
The <b>Smallest</b> (3rd)	"	"	"	Renal " " " Cœliac.

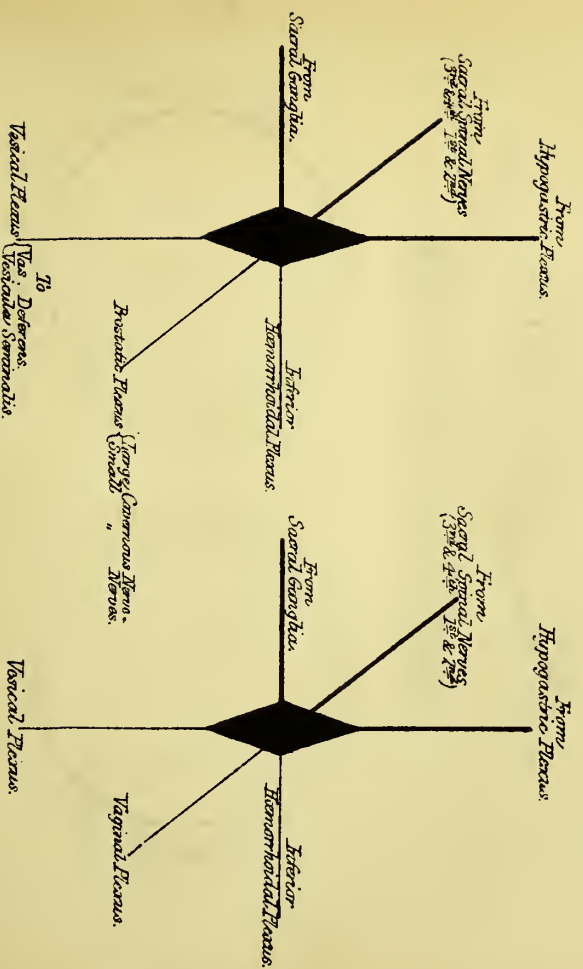
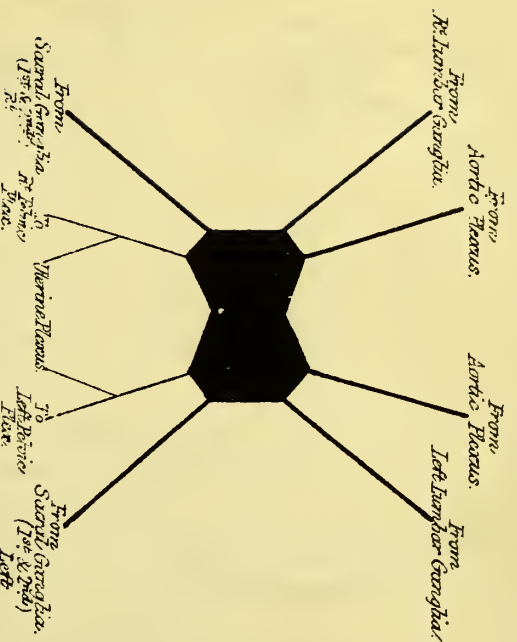
N.B.—Primary or direct communications only are represented.

## HYPOGASTRIC AND PELVIC PLEXUS.

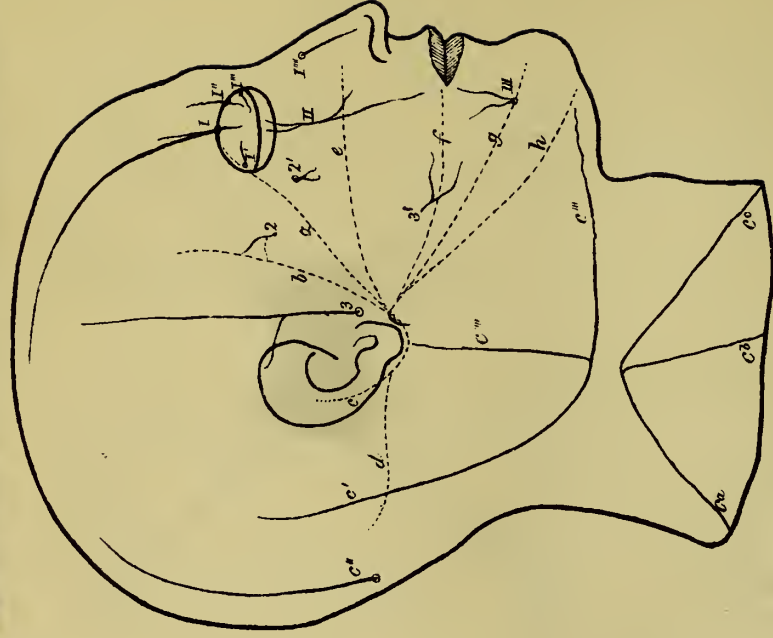


In the Diagram the Roots are represented by heavy lines, the Branches by light ones.

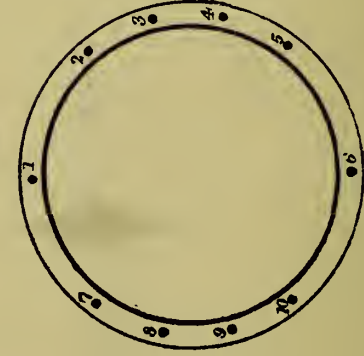
# HYPOGASTRIC AND PELVIC PLEXUSES.



# CUTANEOUS NERVES OF HEAD AND NECK.

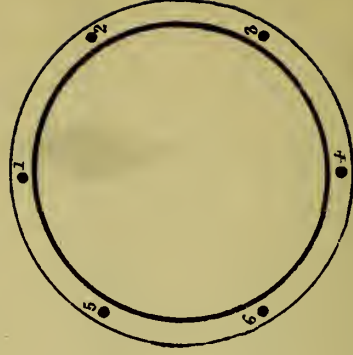


## CUTANEOUS NERVES OF ARM.



RIGHT ARM.

*Section seen from below.*



RIGHT FORE-ARM.

*Section seen from below.*

*On the Scalp* Branches of the Facial Nerve alternate with Branches of the 1st, 2nd and 3rd Divs. of the 5th Nerve successively.  
*On the Face* „ „ „ „ „ and decussate with Branches of the same.

In the Diagram the Branches of the Facial Nerve are represented by dotted lines, and those of other Nerves by continuous lines.

**ON THE SCALP** there are from *before backwards* the following Nerves :—

Supraorbital (1) from the *First Division* of the 5th Nerve.

Malar Branches (a) of **Facial Nerve**.

Temporo-malar (Temporal Branch) (2) from the *Second Division* of the 5th Nerve.

Temporal Branches (b) of **Facial Nerve**.

Auriculo-temporal (3) from the *Third Division* of the 5th Nerve.

Posterior Auricular (Auricular Branch) (c) of **Facial Nerve**.

Small Occipital (c') from *Anterior Branch* of 2nd Cervical Nerve.

Posterior Auricular (Occipital Branch) (d) of **Facial Nerve**.

Great Occipital (c'') from *Posterior Branch* of 2nd Cervical Nerve.

**ON THE FACE** there are from *above downwards* the following Nerves :—

Malar (a) of the *Facial* and **Supraorbital** Branches, etc. (I) of the *First Division* of the *Fifth*.

Infraorbital (e) „ „ „ **Infraorbital** Branch (II) „ *Second* „ „ „

Supramaxillary (f) } „ „ „ { **Labial (III)** and } Branches „ *Third* „ „ „  
with Buccal Branch (g) } „ „ „ { **Buccal (3')** }

**BELOW THE INFERIOR MAXILLA** there are from *above downwards* the following Nerves :—

Inframaxillary of the *Facial* (h) with the first of the following Nerves, viz., the **Superficial Cervical** (c''').

The former ramifies chiefly under the Platysma, the latter over it.

The *three Superficial Ascending Branches* of the Cervical Plexus, viz. :—

{ the <i>anterior</i>	— the <b>Superficial Cervical</b> (c'')	passing transversely toward the most <i>anterior</i> branch (h) of the <i>Facial</i> .
{ „ <i>posterior</i>	— „ <b>Small Occipital</b> (c')	„ „ „ <i>posterior</i> „ (d) „ „
{ „ <i>intermediate</i>	— „ <b>Great Auricular</b> (c''')	„ „ „ <i>main trunk</i> „ „ „

The *three Superficial Descending Branches* of the Cervical Plexus, viz. :—

{ the <i>anterior</i>	— the <b>Sternal Branch</b> (c'')	(the shortest) passing down and in towards Sternum close above Clavicle.
{ „ <i>posterior</i>	— „ <b>Acromial</b> (c'')	( „ longest) „ down and out over Deltoid across Acromion Process.
{ „ <i>intermediate</i>	— „ <b>Clavicular</b> (c'')	(of mid. size) „ downwards „ Pectoralis Major across Clavicle.

**NERVES OF EYELIDS.**

The **Upper Eyelid** is supplied by *four sensory Nerves*, viz. :—

{ Supraorbital (1') }	{ above }	{ Lachrymal (1') }	on <i>outer</i> side.
{ Supratrochlear (1'') }		{ Infratrochlear (1''') }	" <i>inner</i> "

The **Lower Eyelid** is supplied by *one sensory Nerve* only, viz. :—

Infraorbital (II)—(generally by a double twig).

Both **Eyelids** receive branches from the **Facial Nerve** (*motor*).

The **Nasal Branch** (1''') of the **First Division** of the **Fifth** ramifies on the **Nose** below the **Inner Canthus** of the **Eyelids**.

" **Malar** " (2') " **Second** " " " " over " **Malar Bone** " " **Outer Canthus** " "

Compare the Nerves of the Eyelids with the Arteries (See p. 147).

**NERVES OF PINNA OF EAR.**

On **External surface** (2) { Great Auricular over the Lobule and lower part of Concha.  
 { Auriculo-temporal giving { one branch below External Meatus.  
 { " " above " " and to Tragus.  
 { " " to upper part of Pinna and Skin above it.

On **Internal surface** (4) { Small Occipital above, —Great Auricular below.  
 { Auricular Branch of Vagus over Concha, —Posterior Auricular of Facial.

**CUTANEOUS NERVES ON POSTERIOR ASPECT OF BODY.****OVER SCALP**

—see Diagram of Cutaneous Nerves of Head and Neck.

1st Cervical (Suboccipital)	by <i>undivided</i>	Posterior Division supplying Muscles of Suboccipital Triangle.
2nd " (Great Occipital)	" <i>internal</i> branch of "	" " " Skin of Scalp.
3rd, 4th and 5th Cervical	" " branches "	" " " Back of Neck.
1st to 6th Dorsal	" " " " " "	" " " Back.

**OVER BACK**

7th " 12th "	" <i>external</i> "	" " " " " "	" " " "
1st " 3rd Lumbar	" " " " " "	" " " " " "	" " " Back & Gluteal Region.
1st " 3rd Sacral	" " " " " "	" " " " " "	" " " Gluteal Region.

The Nerves and Branches not indicated above supply the deeper structures.

The *lateral aspect* of the Back is supplied by the posterior twigs of the Lateral Branches of the Intercostal Nerves.

The *three* Cervical below the Second and the upper *six* Dorsal supply the Skin by their *Internal* Branches, the lower *six* Dorsal, upper *three* Lumbar and upper *three* Sacral by their *External* Branches.

OVER ARM	{ Acromial Branches of the Cervical Plexus (6)	} <i>externally</i> one below another.
	{ Posterior Cutaneous Branch of Circumflex (7)	
	{ Posterior External Cutaneous of Musculo-spiral (8)	
	{ Internal Cutaneous Branch of Musculo-spiral (9)	} <i>internally</i> " " "
	{ Intercosto-humeral (10)	
	{ Small Internal Cutaneous (Nerve of Wrisberg) (11)	
OVER FOREARM	{ Posterior Division of Musculo-cutaneous (12)	on <i>outer</i> side.
	{ Posterior External Cutaneous of Musculo-spiral (8)	<i>intermediately</i> .
	{ Posterior Division of Internal Cutaneous (13)	on <i>inner</i> side.
OVER HAND	{ Radial to $3\frac{1}{2}$ outer Digits (14)	on <i>outer</i> side.
	{ Ulnar (Dorsal branch) to $1\frac{1}{2}$ inner Digits (15)	" <i>inner</i> "
OVER GLUTEAL REGION	{ Last Dorsal (lateral branch ) (17)	<i>long</i> , at front of Crest.
	{ Ilio-hypogastric ( " " ) (16)	<i>short</i> , at middle " "
	{ Lumbar, 1st to 3rd (posterior divisions) (17)	<i>long</i> , at back " "
	{ Sacral { 1st (posterior division) (18)	<i>shortest</i> , close to Posterior Superior Spine of Ilium.
	{ 2nd ( " " ) (19)	<i>long</i> , " " Coccyx.
	{ 3rd ( " " ) (20)	<i>short</i> , <i>intermediately</i> .
	{ Branches of External Cutaneous (18)	round anterior border of Region.
	{ " " Small Sciatic (19)	" " posterior " " "
OVER THIGH	{ External Cutaneous (20)	on <i>outer</i> side.
	{ Small Sciatic (19)	<i>intermediately</i> .
	{ Internal Cutaneous (21)	on <i>inner</i> side.
OVER LEG	{ Cutaneous of External Popliteal (22)	on <i>outer</i> side.
	{ External Saphenous (23)	<i>intermediately</i> .
	{ Internal Cutaneous (Posterior Division) (24)	on <i>inner</i> side.
OVER SOLE OF FOOT	{ Calcaneo-plantar (25)	<i>posteriorly</i> over Heel.
	{ Internal Plantar (26)	<i>anteriorly</i> to $3\frac{1}{2}$ <i>inner</i> Tocs.
	{ External Plantar (27)	" " $1\frac{1}{2}$ <i>outer</i> "

Notice the arrangement of the Nerves in sets of three, and compare each set as given above with the corresponding set on pp. 168 and 169.

# CUTANEOUS NERVES ON ANTERIOR ASPECT OF BODY.

**OVER HEAD AND NECK**—see Diagram of Cutaneous Nerves of Head and Neck.

**OVER TRUNK**

{	Intercostals	{	12 Ant. Cutaneous Nerves (1-12)— <i>terminal</i> Branches of the Intercostals— emerging close to mid-line beside Sternum or through Rectus Abdominis; diminishing in size from above downwards, the 2nd being the largest.
			10 Lateral Cutaneous Nerves (Ant. Brs.) (3'-12')— <i>lateral</i> offsets of lower 10 Intercostals— emerging between digitations of Serratus Magnus or External Oblique; increasing in size from above downwards.

There is no Lateral Branch from the First Intercostal; that of the 2nd, the largest of the series, is undivided and passes to the Arm as the Intercosto-humeral. The Lateral Branch of the *last* (12th Dorsal) is also undivided, and is the *first* from before backwards of the Nerves crossing the Crest of the Ilium.

Ilio-hypogastric (24) emerging *above* the External Abdominal Ring, turning *upwards*.  
 Ilio-inguinal (25) " *through* " " " " " *downwards*.

**OVER ARM**

{	{	Acromial Branches of Cervical Plexus	(13)	} <i>externally</i> , one below another.
		Anterior Cutaneous Branch of Circumflex	(14)	
		Anterior External Cutaneous Branch of Musculo-spiral	(15)	

{	{	Bicipital Branch of Internal-cutaneous	(16)	} <i>internally</i> , side by side.
		Anterior Division " " "	(17)	
		Posterior " " "	(18)	

**OVER FOREARM**

{	Anterior Division of Musculo-cutaneous	(19)	on <i>outer</i> side.
	" " " Internal-cutaneous	(17)	" <i>inner</i> "
	Cutaneous Branch of Median	(20)	<i>intermediately</i> below.

**OVER HAND**

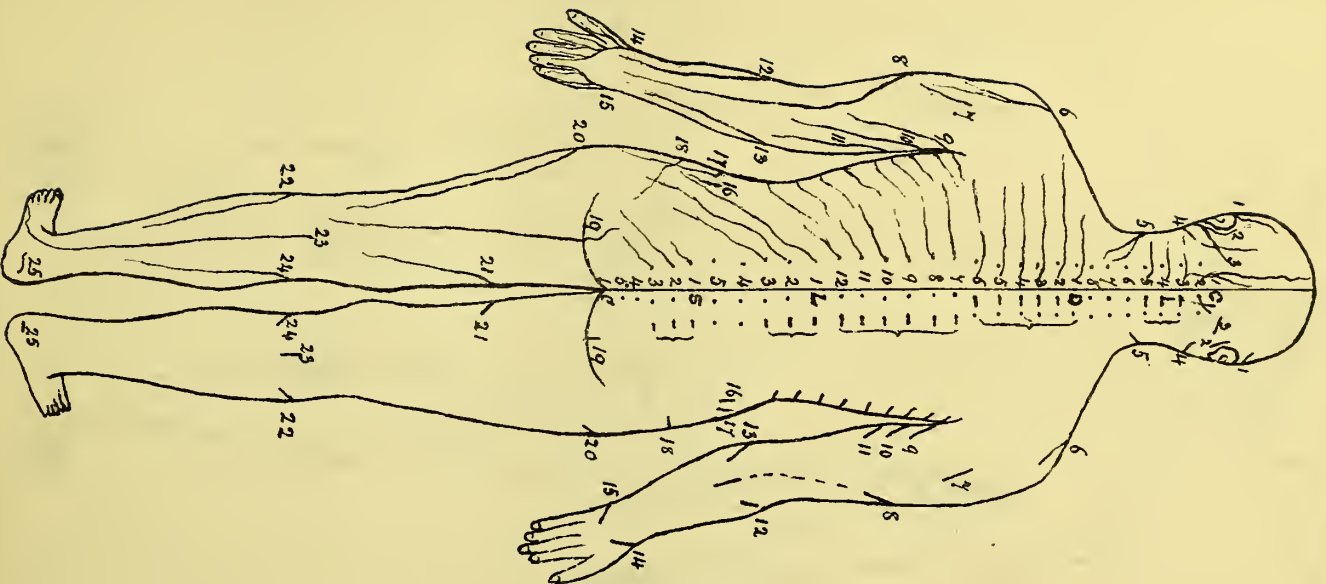
{	Digital Branches of Median	(22)	to $3\frac{1}{2}$ <i>outer</i> Digits.
	" " " Ulnar	(23)	" $1\frac{1}{2}$ <i>inner</i> "
	Cutaneous Branch " "	(21)	" <i>Palm superiorly</i> .

**OVER THIGH**

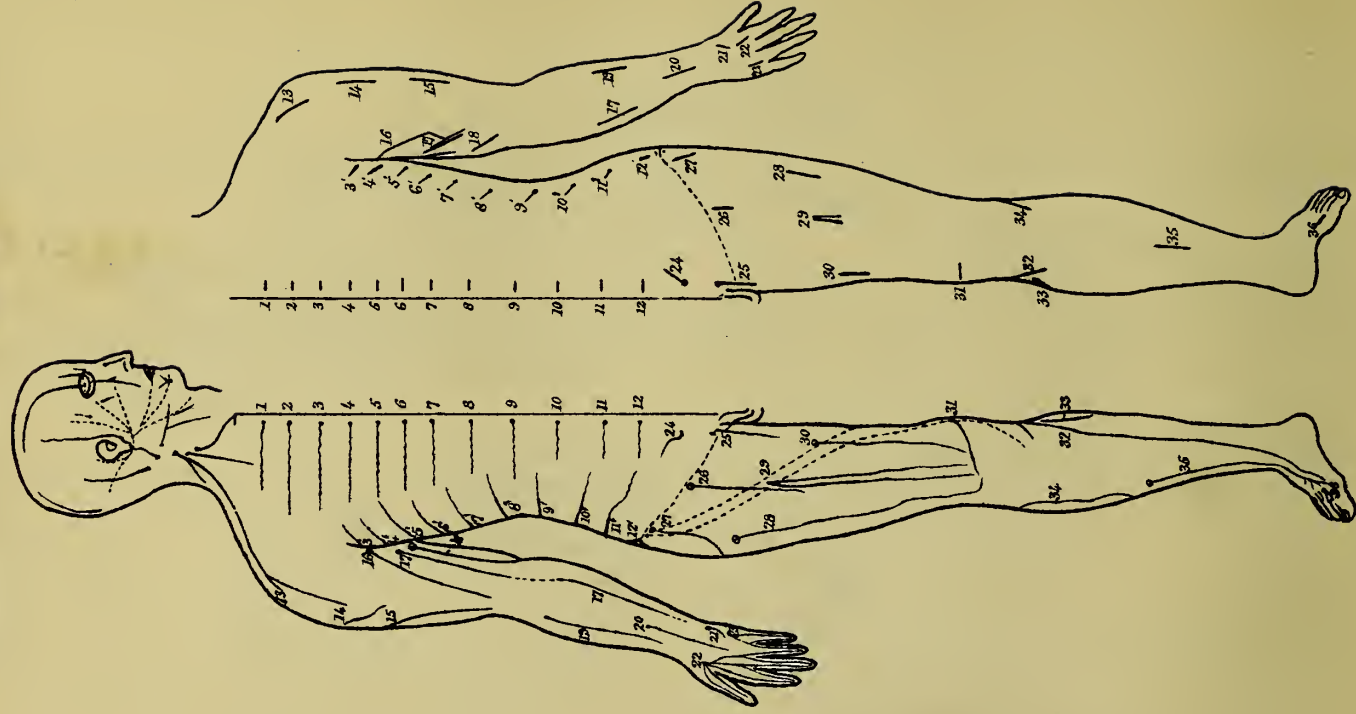
{	{	Posterior Division of External Cutaneous	(27)	on <i>outer</i> side	} over Scarpa's Triangle.
		Ilio-inguinal	(25)	" <i>inner</i> "	
		Crural Branch of Genito-crural	(26)	<i>intermediately</i>	

{	{	Anterior Division of External Cutaneous	(28)	on <i>outer</i> side	} over lower $\frac{2}{3}$ <i>rd</i> s of Thigh.
		" " " Internal	(30)	" <i>inner</i> "	
		Middle Cutaneous	(29)	<i>intermediately</i>	

CUTANEOUS NERVES.— POSTERIOR ASPECT.



# CUTANEOUS NERVES. — ANTERIOR ASPECT.



TO INNER SIDE OF KNEE	{ Patellar Branch of Internal Saphenous	(31)	above Patella.
	{ Internal Saphenous (main trunk)	(32)	below " side by side.
	{ Posterior Division of Internal Cutaneous	(33)	
OVER LEG	{ Cutaneous of External Popliteal	(34)	on outer side above.
	{ Internal Saphenous	(32)	" inner "
	{ Musculo-cutaneous	(35)	intermediately below.
OVER FOOT (on Dorsum)	{ Terminal Branches of Anterior Tibial	(36).	
	{ " " " Musculo-cutaneous.		
	{ " Branch " External Saphenous.		

Note that the Sartorius (represented by parallel interrupted lines in the Diagram) is in relation with six Superficial Nerves, of which *two* (27 and 30) appear *over* its upper border, and *two* (29 and 31) *pierce* it, whilst the other *two* (32 and 33) lie *beneath* it in the greater part of its length and emerge behind the posterior border of its tendon. The Nerves of the first pair alternate with those of the second.

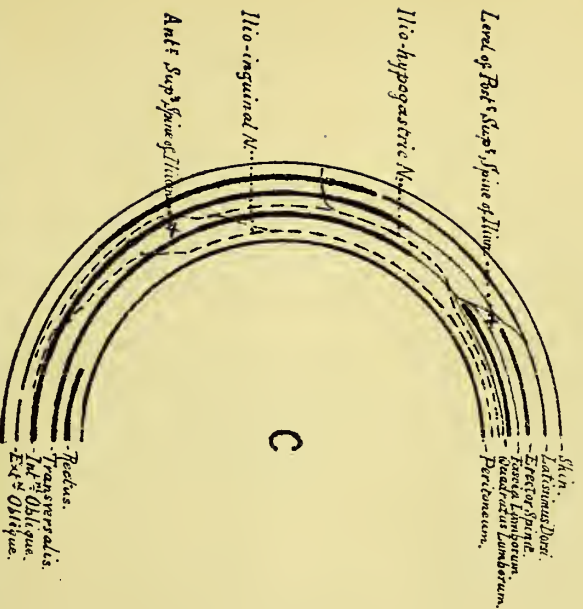
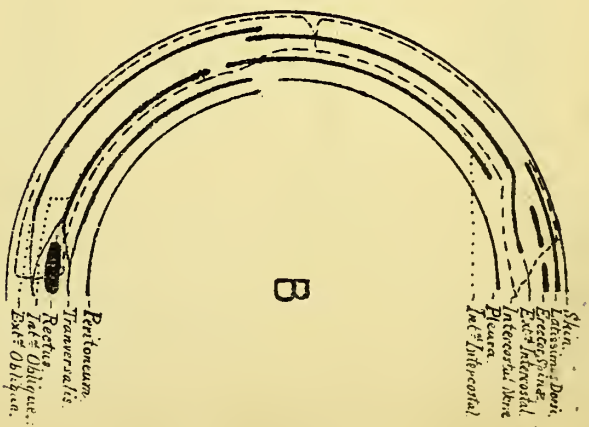
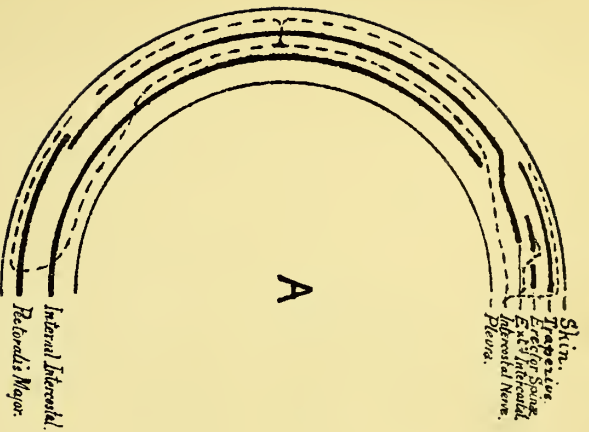
Note also that the two parts of the Internal Saphenous Nerve appear between the two parts of the Internal Cutaneous (31 and 32 between 30 and 33).

Note in regard to the two Saphenous Nerves (Internal and External) that the Nerve which arises *in front* and *higher* up than the other (*viz.*, the Internal) passes *in front* of the Internal Malleolus and ends *higher* up than the other on the Foot (*viz.*, about the ball of the Great Toe), whereas the Nerve which arises *behind* and *lower* down (*viz.*, the External) passes *behind* the External Malleolus and ends *lower* down on the Foot (*viz.* on the outer side of the Little Toe).

Note in regard to the Nerves on the Dorsum of the Foot that the Branches of the Musculo-cutaneous alternate with those of the other Nerves, thus from within outwards there are first the Branch of the Musculo-cutaneous to the inner side of the Great Toe, next the Branch of the Anterior Tibial to the First Interosseous Space, then Branches of the Musculo-cutaneous to the other spaces, and lastly the Branch of the External Saphenous to the outer side of the Little Toe.



# INTERCOSTAL NERVES ETC.



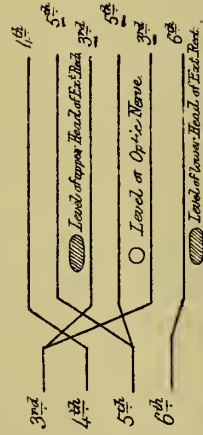
A. Intercostal Nerve of Thoracic Wall. - B. Intercostal Nerve of Abdominal Wall. - C. Ilio-inguinal Nerve.

# NERVES OF ORBIT.

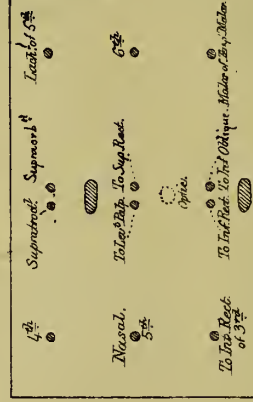
Order in outer wall of Cavernous Sinus.

3<sup>rd</sup> \_\_\_\_\_  
 4<sup>th</sup> \_\_\_\_\_  
 5<sup>th</sup> \_\_\_\_\_  
 6<sup>th</sup> \_\_\_\_\_

Order in Sphenoidal Foramen.



Order in Orbit. — (Gross Section of Eye Orbit looking forwards.)



**SURROUNDING THE ARM** are the following Nerves :—

{	Bicipital Branch of Internal Cutaneous		— (1)	—	superficial to	Biceps	in <i>mid-line</i> anteriorly.
	Anterior Division „ „ „		— (2)	—	by side of	„	<i>internally.</i>
	Posterior „ „ „ „		— (3)	—	„ „	„	<i>in front of</i> Internal Intermuscular Septum.
{	Small Internal Cutaneous (N. of Wrisberg)		— (4)	—	„ „	Triceps	<i>behind</i> „ „ „
	Intercosto-humeral		— (5)	—	„ „	„	<i>internally.</i>
{	Internal Cutaneous of Musculo-spiral		— (6)	—	superficial to	„	<i>in mid-line</i> posteriorly.
	{	Anterior Division	— (7)	—	by side of	Biceps	<i>externally.</i>
Posterior „		— (10)	—	„ „	Triceps	„	
{	External Cutaneous of		Anterior Branch	— (8)	—	„ „	Biceps <i>in front of</i> External Intermuscular Septum.
	Musculo-spiral		Posterior „	— (9)	—	„ „	Triceps <i>behind</i> „ „ „
(Acromial Branches of Cervical Plexus descend over the upper part of the Deltoid.)							

**SURROUNDING THE FOREARM** are the following Nerves :—

Cutaneous Branch of Median		—	in <i>mid-line</i>	<i>in front</i> below.
Posterior External Cutan. of Musculo-spiral		—	„ „ „	<i>behind.</i>
Internal Cutaneous	Anterior Division	—	on <i>inner</i> side	<i>anteriorly.</i>
	Posterior „	—	„ „ „	<i>posteriorly.</i>
Musculo-Cutaneous (Ext. Cutan.)	Anterior „	—	„ <i>outer</i> „	<i>anteriorly.</i>
	Posterior „	—	„ „ „	<i>posteriorly.</i>

## NERVES OF ORBIT.

**Note in explanation of Diagram—**

*In the outer wall of the Cavernous Sinus* the Nerves are in their numerical order from above down.

*In the Sphenoidal Fissure* the 4th is highest, and the 6th lowest, whilst intermediately the upper and lower branches of the Ophthalmic Division of the 5th and the 3rd alternate.

*In the Orbit* there are three *single* Nerves laterally one above another, and three *double* Nerves intermediately one above another.

Note the relation of the Nerves to the Heads of the External Rectus and to the Optic Nerve.

## SUPERIOR MAXILLARY NERVE.—BRANCHES.

{	Downwards to Mouth	{	<b>Spheno-palatine</b>	{	<i>Anterior</i>	} Branches	{	through Meckel's Ganglion to Palatine Nerves, forming Sensory Root of Ganglion.	
			<i>Posterior</i>						
		{	<b>Posterior Dental</b> (Alveolar)	<i>Anterior</i>	} Branch	" " Buccinator Muscle.			
				<i>Posterior</i>		" " join the Anterior Dental Nerve above the Teeth and supply the Molar Teeth.			
		Forwards to Orbit	{	<b>Infraorbital</b>	{	<i>Anterior Dental</i>		{	<i>Ant. Branch</i>
	<i>Post.</i>					" " " Incisor and Canine Teeth.			
	{				<i>Facial Branch</i>	{		<i>Sup. Branches.</i>	" " join the Posterior Dental Nerve.
								<i>Inf. " "</i>	" " supply the Bicuspid Teeth.
	{				<i>Palpebral Branch, to supply parts in Lower Eyelid.</i>	Nasal		" " " on side of Nose.	
		Labial	" " " of Upper Lip.						
{	<b>Orbital</b>	{	<i>Temporal Branch</i>	{	Branch to communicate with the Infraorbital Branch of the Facial.				
			<i>Malar " "</i>		Lachrymal Nerve in the Orbit.				
				{	Superficial Branch to the Skin above the Zygoma.				
					External Superficial Branch	to the skin over the Malar Bone.			

Notice the mode of division of the Nerve. The Branches come off in pairs, and subdivide into pairs of Secondary Branches, from which again pairs of Tertiary Branches arise. The two Sets correspond to the Anterior and Descending Branches of the Internal Maxillary Artery, which see.

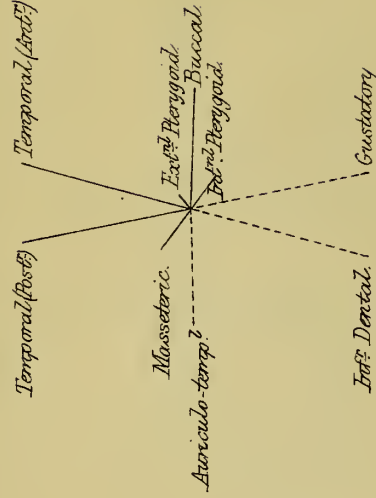
## MECKEL'S GANGLION.—BRANCHES.

Downwards to Mouth,	{	<b>Palatine Branches (Three)</b>	{	<b>Anterior Palatine</b>	{	To lower and back part of Nose (Inferior Nasal Branches). " supply the Mucous Membrane of the Hard Palate. " " " Soft " " " the Tonsil. " supply the Mucous Membrane of the Soft Palate. " Uvula. " the Tonsil. " supply the Mucous Membrane of the Soft Palate. " Uvula.
				<b>External Palatine</b>		
				<b>Posterior Palatine</b>		
Forwards to Orbit,	{	<b>Orbital Branches (Three)</b>	{		{	Periosteum of the Orbit. " join the Lenticular Ganglion. " Sixth Nerve.
Inwards to Nose,	{	<b>Nasal Branches (Two)</b>	{	<b>Superior Nasal</b>	{	Nasal, to supply the Mucous Membrane on Superior and Middle Turbinate Bones. To join the Ganglion of Bochdalek, on Anterior Dental Nerve, above Canine Tooth.
				<b>Naso-palatine</b>		Nasal, to supply the Mucous Membrane on the Septum Nasi. Naso-palatine proper, joining the Anterior Palatine Nerve on the Hard Palate.
Backwards to Pharynx,	{	<b>Pharyngeal Branches (Two)</b>	{	<b>Vidian (Motor &amp; Sympathetic Root of Ganglion)</b>	{	Nasal, to supply the Mucous Membrane on posterior part of Roof of Nose. Vidian proper, derived from Gt. Superficial Petrosal Nerve, & Sympathetic on Int. Carotid.
				<b>Pterygo-palatine</b>		Nasal, to supply Mucous Membrane on posterior part of Roof of Nose. Pterygo-palatine, to supply the Roof of the Pharynx.

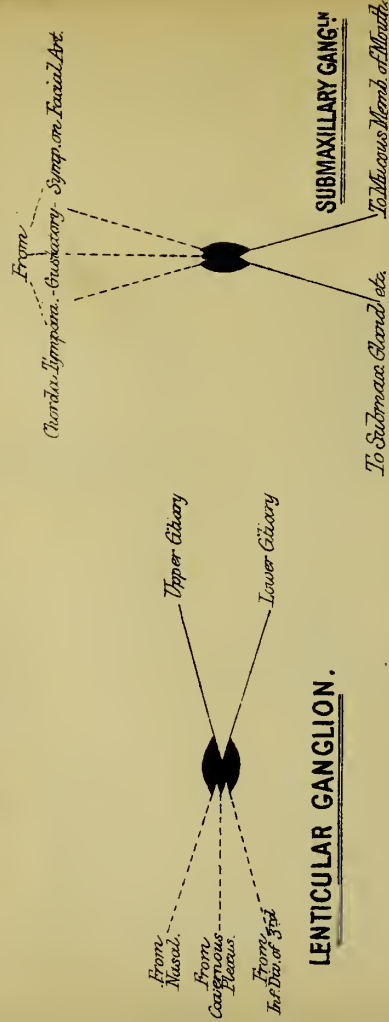
Note that there are three Branches downwards, each triple, and three forwards, with two inwards and two backwards, each double. Of the two Branches inwards, twigs from each pass to supply structures connected with the anterior part of the Roof of the Mouth. Of the two Branches backwards, twigs from each pass to supply structures connected with the posterior part of the Roof of the Nose. The Interior and Posterior Sets resemble the corresponding Branches of the Internal Maxillary Artery, which see.



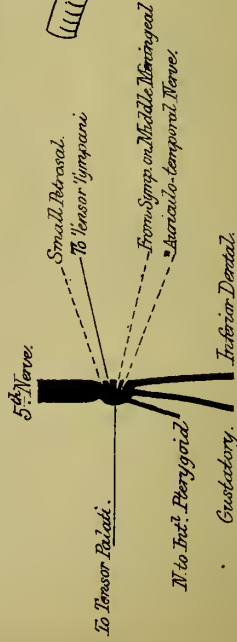
# INFERIOR MAXILLARY NERVE.



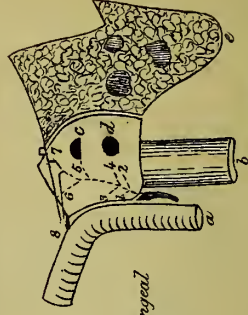
## GANGLIA OF FIFTH NERVE AND TYMPANIC PLEXUS.



### LENTICULAR GANGLION.



### OTIC GANGLION.



### TYMPANIC PLEXUS.

**NERVE SUPPLY OF THE NOSE** (excluding the Olfactory Nerve, the Special Nerve of the Nose).

{	On Outer Wall,	{	<i>posteriorly</i>	Superior Nasal	{	To supply the Mucous Membrane on the <i>Superior</i> Turbinated Bone.
					{	" " " " " <i>Middle</i> " "
		{	<i>anteriorly</i>	Inferior Nasal, of Great Palatine	{	" " " " " <i>Inferior</i> " "
					{	" " " " " <i>Inferior</i> " "
				Nasal of Ophthalmic of 5th N.	{	" " " " " <i>Middle</i> " "
					{	" " " " " <i>Inferior</i> " "
{	On Inner Wall,	{	<i>posteriorly</i>	Nasal of Anterior Dental	" " " " " "	" " "
				Nasal of Vidian	<i>Anteriorly</i>	{ Nasal of Ophthalmic of 5th Nerve. Naso-palatine.
Superior Nasal						
{ On <b>Roof</b> from <i>behind forwards</i> , Pterygo-palatine, Vidian, Superior Nasal and Nasal of Ophthalmic of 5th Nerve.						

N.B.—Compare with 'Arteries of Nose,' p. 146.

# INFERIOR MAXILLARY NERVE.

## BRANCHES.\*

The Branches come off close together from the Nerve as soon as it appears below the Foramen Ovale.

{	<i>Upwards</i>	pass	the <b>Anterior</b>	and <b>Posterior Temporal</b> Nerves, and <i>forwards</i>	the <b>Buccal</b> .
	<i>Downwards</i>	,,	,,	<b>Inferior Dental</b> ,, <b>Gustatory</b>	,, ,, <i>backwards</i> ,, <b>Auriculo-temporal</b> .
	<i>Upwards and outwards</i>	passes	,,	<b>Masseteric</b> and	<i>downwards and inwards</i> ,, <b>Internal Pterygoid</b> Nerve.
	<i>Outwards</i>	in conjunction with the Buccal	passes the		<b>External</b> ,, ,,

*The Internal Pterygoid Nerve* is connected at its root with the Otic Ganglion.

For the *Inferior Dental and Gustatory Nerves* see 'Nerves of Submaxillary Region,' p. 176.

## The AURICULO-TEMPORAL NERVE

{ *arises* close to the Foramen Ovale by *two Roots*, and  
 { *ends* opposite the upper part of the Pinna of the Ear in *two Branches*.

*Intermediately* it gives off *six Branches*, *three* single and *three* double alternating.

- (1) A Branch to Otic Ganglion (Sensory Root of Ganglion).
- (2) *Two* Branches round External Carotid Artery, to join Facial Nerve.
- (3) A Twig to the Temporo-Maxillary Articulation.
- (4) *Two* Branches to the Auditory Meatus, passing between Cartilage and Bone.
- (5) A Branch to the Parotid Gland.
- (6) *Two* Auricular Branches { to Pinna below Meatus and to Sympathetic on Internal Maxillary Artery.  
   "     above     "     "     Tragus.

{ Between the *Roots* passes the Great Meningeal Artery.  
 { The *posterior terminal branch* ends in { the *Attrahens Aurem*, and  
   the Skin of upper part of Pinna.  
 { The *anterior*     ,,     ,,     ,, over the course of the Posterior Superficial Temporal Artery.

\* In the Diagram the continuous lines represent motor, and the dotted lines sensory branches.

Each Ganglion (except Meckel's\*) has *three* **Roots**, one of which is Motor, one Sensory and one Sympathetic, thus :—

Lenticular Ganglion.		Submaxillary Ganglion.	Otic Ganglion.
<i>Motor</i>	Root from—Inf. Div. of Third Nerve.	Chorda Tympani of Facial Nerve.	Small Petrosal of Facial Nerve.†
<i>Sensory</i>	„ „ —Nasal Br. „ 1st Div. of 5th N.	Gustatory of 3rd Div. of 5th N.	Auric-temp. „ 3rd. Div. of 5th N.
<i>Sympathetic</i>	„ „ —Cavern. Pl. on Int. Carot. Art.	Symp. Pl. on Facial Art.	Symp. Pl. on Grt. Meningeal Art.

Each Ganglion (except Meckel's\*) gives off *two* **Branches**, thus :—

Lenticular G.	{ Upper Ciliary Lower „	Submaxillary G.	{ To Submaxillary Gland, etc. „ Muc. Memb. of Mouth	Otic G.	{ To Tensor Palati. „ „ Tympani.
---------------	----------------------------	-----------------	--	---------	-------------------------------------

\* For Meckel's Ganglion see 'Superior Maxillary Nerve,' p. 172.

† Some motor fibres are said to be derived from the Nerve to the Internal Pterygoid Muscle.

## TYMPANIC PLEXUS AND JACOBSON'S NERVE.

**BRANCHES** are distributed as follows :—

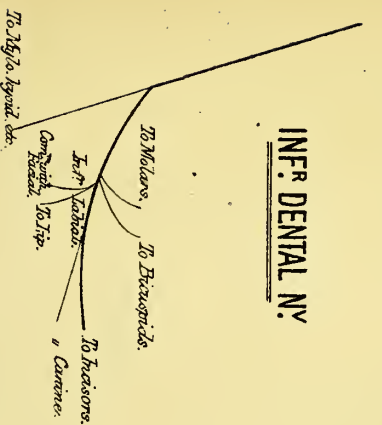
{ To Mucous Membrane of Tympanum (2)	{ To Foramen Rotundum (4)	{ To Sympathetic on Internal Carotid (3).
{ „ „ „ „ Eustach. Tube (1)	{ „ „ Ovale (5)	{ „ „ Great Petrosal Nerve (6).

The uppermost Branch is prolonged as the Small Petrosal (7), joining the Facial by a special twig.



# NERVES OF SUBMAXILLARY REGION.

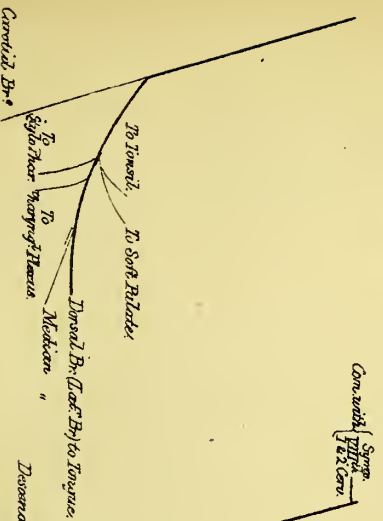
## INF. DENTAL N.



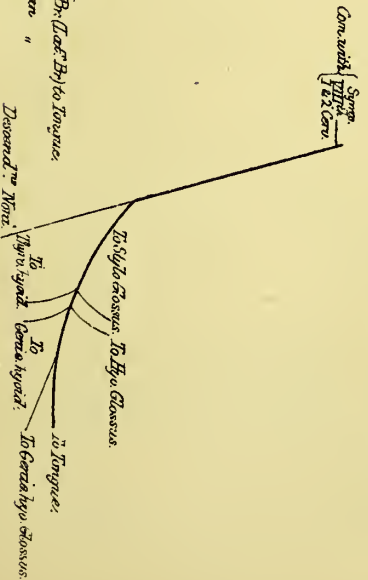
## GUSTATORY N.



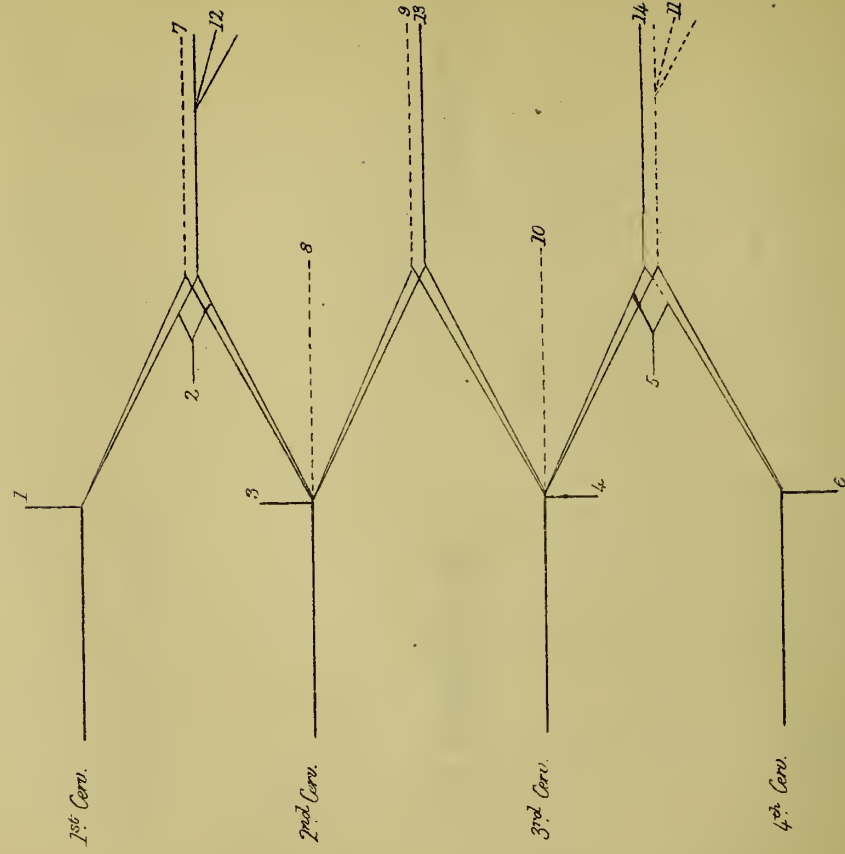
## GLOSSO-PHARYNGEAL N.



## HYPOGLOSSAL N.



# CERVICAL PLEXUS.



The Cervical Plexus is **formed** by the union in loops of the Anterior Divisions of the first three Cervical Nerves and part of the fourth in front of the corresponding Transverse Processes of the Vertebrae.

The **BRANCHES** come off both from the Nerves themselves and from the Loops between them, and may be divided into Cutaneous, Muscular and Communicating Nerves.

The **Cutaneous** Branches arise one from each Loop and one from each Nerve, except in the case of the *first* and *last* Nerves.

" Muscular	" "	" "	" "	" "	" "
" Communicating	" "	" "	only.	" "	" "

	Muscular.	Cutaneous.	Communicating.
1st Cervical Nerve	To Rectus Lateralis (1)	—	—
Loop between 1st and 2nd Nerves	„ Recti Antici (2)	Mastoid Branch* (7)	With {Pneumogastric } (12) {Hypoglossal } {Sympathetic }
2nd Cervical Nerve	„ Sterno-mastoid (3)	Small Occipital (8)	—
Loop between 2nd and 3rd Nerves	—	Great Auricular (9)	„ Descendens Noni Nerve. (13)
3rd Cervical Nerve	„ Lev. Ang. Scap. (4)	Superficial Cervical (10)	—
Loop between 3rd and 4th Nerves	„ Scalenus Med. (5)	Desc. Cut. {Sternal } (11) {Clavicular } {Acromial }	„ With Spinal Accessory N. (14)
4th Cervical Nerve	„ Diaphragm (Phrenic N.)† (6)	—	—

\* The Mastoid Branch is frequently undeveloped.

† The Phrenic Nerve derives its main Root from the 4th, a second Root from the 5th, and a third from the 3rd Cervical Nerve.

The Branches of the Plexus are usually divided into Superficial and Deep Sets.

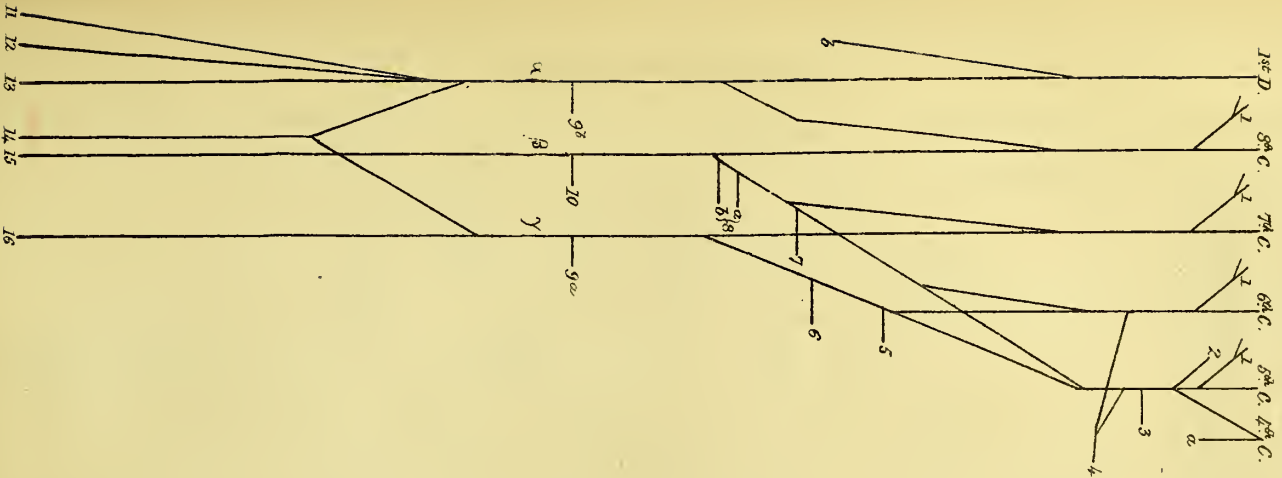
The **Superficial Set** consists of Cutaneous Branches grouped as  $\left\{ \begin{array}{l} \text{Ascending and} \\ \text{Descending} \end{array} \right\}$  Nerves.

„ Deep „ „ { Muscular and } „ „ { Internal and } „  
Communicating } External }

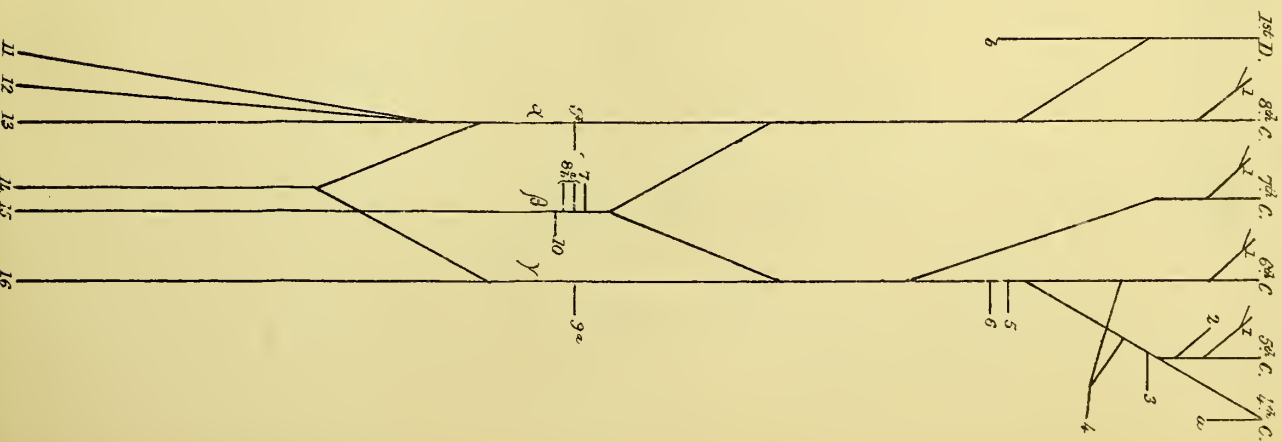


# BRACHIAL PLEXUS. DIAGRAM A.

*As generally taught and described.*



*As formerly described.*





**BRANCHES** given off *terminally* (6)

<i>Three internally</i>	—term. brs. of <i>Int.</i> Cord (chiefly Cutaneous)	{	N. of Wrisberg	(11)	to Skin	<i>of inner side of Arm.</i>
			Int. Cutaneous	(12)	" "	" " " Forearm.
			Ulnar	(13)	" " and Muscles	" " " Hand.
<i>Two intermediately</i>	{ formed from <i>Int.</i> and <i>Ext.</i> Cord (chiefly Muscular)	{	Median	(14)	" " "	" <i>on front of Forearm and Hand.</i>
			Musculo-spiral	(15)	" " "	" " <i>back</i> " Arm, Forearm & Hand.
<i>One externally</i>	—term. br. of <i>Ext.</i> Cord { Muscular and Cutaneous	{	Musculo-cutaneous	(16)	Muscles	" <i>front of Arm and</i>
					" Skin	" <i>of outer side of Forearm.</i>

Of these Nerves the *external* passes down on the outer side of the limb; the *middle* two pass down more or less centrally, one on the front, the other on the back; the three *internal* run on the inner side.

**DISTRIBUTION OF TERMINAL BRANCHES.****Median** (*Twelve Branches*).**In Forearm** (*six*).

<i>Four Muscular Branches</i>	{	To Pronator Teres.
		" Flexor Carpi Radialis.
		" Palmaris Longus.
<i>One Ant. Interosseous Br.</i>	{	" Flexor Sublimis Digitorum.
		" Pronator Quadratus.
		" Flexor Longus Pollicis.
<i>One Cutaneous</i>	{	" half of Flexor Profundus Digitorum.
		" —Palmar Cutaneous.

**Musculo-cutaneous** (*six Branches*).

<i>Three Muscular Branches</i>	{	To Biceps.
		" Coraco-brachialis.
		" Brachialis Anticus.
<i>Two Cutaneous</i>	{	Anterior, to Forearm.
		Posterior " "
<i>One Articular Branch</i>	—To Elbow-joint.	

**In Hand** (*six*).

<i>Five Digital Branches</i>	{	<i>Three</i>	{	To contiguous sides of 3rd & 4th Fingers
				" " " 2nd & 3rd "
		<i>Two</i>	{	" radial side " 2nd Finger. "
				" ulnar " " Thumb. "
<i>One Muscular Branch</i>	{	{	{	" radial " " "
				" Abductor Pollicis.
				" Opponens " "
				" half of Flexor Brevis Pollicis.

**Musculo-spiral** (*nine Branches*).

<i>Three Cutaneous Branches</i>	{	<i>One</i>	{	Internal Cutaneous.
				Short External Cutaneous.
		<i>Two</i>	{	Long " "
				" " " "
<i>Six Muscular</i>	{	{	{	To Triceps
				" Subanconeus *
				" Anconeus
				" Brachialis Anticus
				" Supinator Longus
				" Extensor Carpi Radialis Longior } †

\* Extensors of Forearm.

† Muscles attached to External Intermuscular Septum.

## Ulnar Nerve.

In Forearm (*Six* Branches).

Three Cutaneous Brs. { Internal Cutaneous to Forearm.  
 { Palmar " " Palm of Hand. [Digits.  
 { Dorsal " " Back of Hand and  $1\frac{1}{2}$  inner

Two Muscular " { To Flexor Carpi Ulnaris.  
 { " half of Flexor Profundus Digitorum.

One Articular Branch —, Elbow-joint.

In Hand (*six* sets of Branches).

Three Sets of Muscular Branches { *Three* { To Abductor Minimi Digiti.  
 { " { " Opponens " "  
 { *Nine* { " Flexor Brevis " "  
 { " { the seven Interossei. "  
 { *One & a half* { " two Inner Lumbricales.  
 { " { Adductor Pollicis. [licis.  
 { " { Inner half of Flexor Brevis Pol-

Two Superficial Palmar Branches { To inner side of Little Finger.  
 { " contiguous sides of Little & Ring Fingers.\*

One Articular Br.—, Wrist-joint.

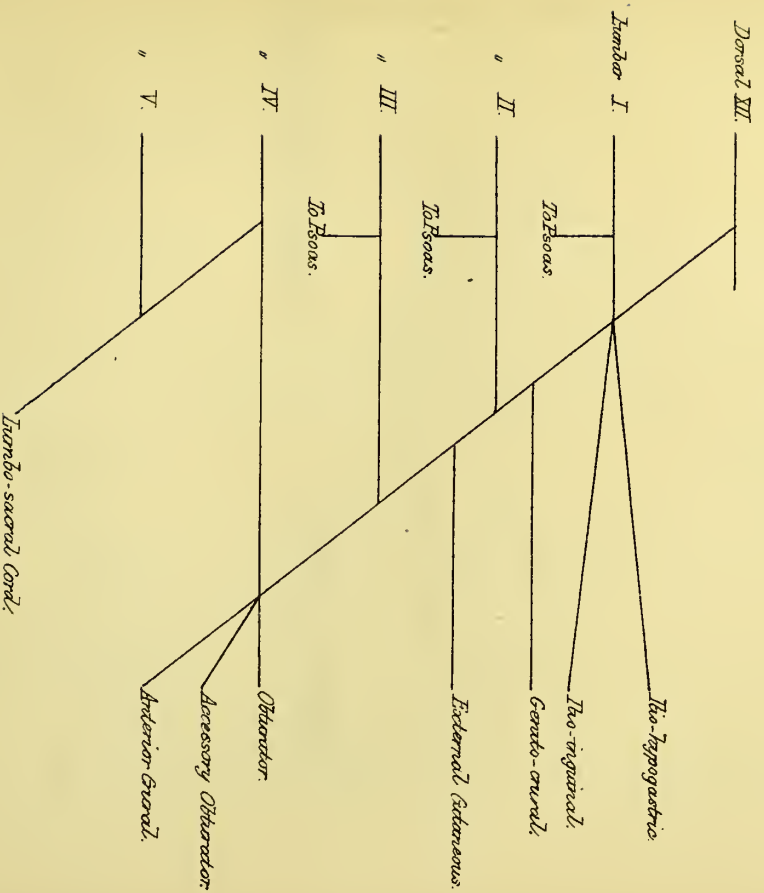
\* Supplying also the Palmaris Brevis.

Internal Cutaneous (*three* Branches).

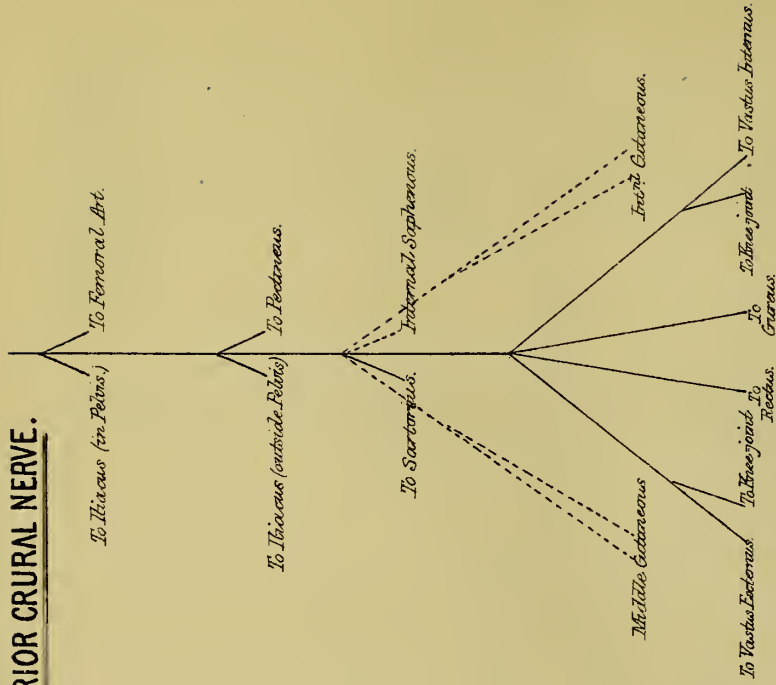
{ Bicipital Branch to Skin over Biceps.  
 { Ant. Division " " " front of inner aspect of Forearm.  
 { Post. " " " " back " " " "

{ The N. of Wrisberg ends *between* Int. Condyle and Olecranon.  
 { The Intercosto-humeral " *over* the Olecranon.  
 { The Internal Cutaneous crosses *over* the Internal Condyle.

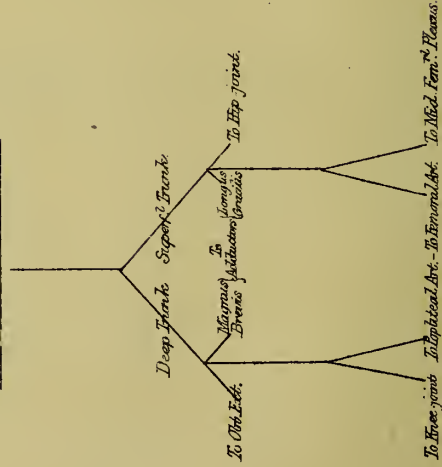
# LUMBAR PLEXUS.



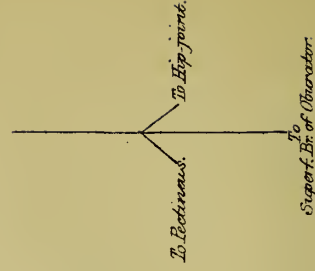
## ANTERIOR CRURAL NERVE.



## OBTURATOR NERVE.



## ACCESSORY OBTURATOR NERVE.



**THE LUMBAR PLEXUS** is formed by the union of the upper three Lumbar Nerves and is supplemented by part of the 12th Dorsal and part of the 4th Lumbar.

The remainder of the 4th, together with the 5th, forms the Lumbo-sacral Cord, which goes on to the Sacral Plexus.

### BRANCHES.

Twigs to the Psoas from the 1st, 2nd and 3rd Nerves near their commencement.

From the 1st Nerve	are given off the	{ Ilio-hypogastric.	}
		{ Ilio-inguinal.	}
„ loop between 1st and 2nd is	„ „	Genito-Crural.	}
„ „ „ 2nd and 3rd „ „ „	„ „ „	External Cutaneous.	}
„ extremity of Plexus	are „ „	{ Obturator and Accessory Obturator.	}
		{ Anterior Crural.	}

The Anterior Crural forms the *continuation* of the Plexus in the direct line, the other offsets forming *branches*. Apart then from the direct continuation of the Plexus there are given off *six* lateral Branches, two of which are accessory to the main continuation.

Compare with the Sacral Plexus and Diagram **B** of the Brachial Plexus.

At first the Nerves are contained in the substance of the Psoas Magnus.

The Ilio-hypogastric and Ilio-inguinal emerge through *outer* edge of Muscle *near the top*.

„ External Cutaneous	emerges	„ „ „ „	„	at the middle.
„ Anterior Crural	„	„ „ „ „	„	below.
„ Obturator and Accessory Obturator	emerge	„ inner	„ „	„
„ Genito-crural	emerges	„ anterior surface	„	near the top and lies throughout on that surface.

See Diagram of 'Relations of Psoas Magnus,' p. 101.

Note that the *first* branch of the Plexus (Ilio-hypogastric) emerges through the *outer edge* of the Psoas, the *third* (Genito-crural) through the *anterior surface*, and the *fifth* (Obturator) through the *inner edge*. The other branches appear through the outer edge one *above*, one *below*, and one *intermediately*.

In their Course outwards the Nerves lie as follows :

The Ilio-hypogastric on the Quadratus Lumb. only.

„ External Cutaneous on the Iliacus only.

„ Genito-crural on the Psoas only.

The Ilio-inguinal first on the Quadratus, then on the Iliacus.

„ Anterior Crural between the Iliacus and Psoas. [turator Int.).

„ Obturator and Accessory Obturator to inner side of Psoas (over Ob-

Note that the Nerves lie on *one* Muscle and on or between *two* alternately.

For the *Distribution* of the { Ilio-hypogastric and Ilio-inguinal, see 'Intercostal Nerves,' p. 170.  
 { Genito-crural\* and External Cutaneous, „ 'Cutaneous Nerves of Body,' pp. 167 and 168.  
 { Anterior Crural and Obturator „ 'Anterior Crural Nerve,' p. 182.

\* The Genito-crural sends a special branch to the Cremasteric covering of the Cord through the Internal Abdominal Ring and another twig to the Femoral Artery.

**ANTERIOR CRURAL NERVE.**

The **Branches** of the Nerve are grouped in *three* Sets of *four* Branches each; the *First* Set being muscular, comprising two Branches above Poupart's Ligament and two below, *all* short; the *Second* Set, forming the *Superficial* Division of the Nerve, consisting of 3 cutaneous branches and one muscular, *all* long; the *Third* Set, forming the *Deep* Division of the Nerve, consisting of 4 muscular branches, *two* short and *two* long.

First Set	{	To Iliacus (within Pelvis).	Second Set	{	Middle Cutaneous (double).	Third Set	{	To Rectus Femoris.
		„ Femoral Artery.			„ Nerve to Sartorius.			„ Cruræus.
		„ Iliacus (external to Pelvis).			Internal Saphenous.			„ Vastus Ext. (giving br. to Knee-joint).
		„ Pectineus.			Internal Cutaneous (double).			„ „ Int. ( „ „ „ „ ).

**OBTURATOR NERVE.**

The Obturator Nerve just before emerging from the Pelvis splits into *two* Divisions, Superficial and Deep. The **Superficial Division** passes out *above* the Obturator Externus, and lies *over* the Adductor Brevis; the **Deep Division** emerges *through* the Obturator Externus and runs *beneath* the Adductor Brevis.

The **Branches** are as follows :

<b>Superficial Division*</b> to	{	Superficial Adductors	{	Pectineus.	<b>Deep Division to</b>	{	Deep Adductors	{	Adductor Brevis.
		Hip-joint.		Gracilis.			„ Magnus.		
		Femoral Artery.		Adductor Longus.					
				„ Brevis.					
		Mid-femoral Plexus betw.							
				Int. Cutaneous and „ Saphenous.					

**ACCESSORY OBTURATOR NERVE.**

Passes out from Pelvis over Pubic bone and divides at once into 3 Branches :—

1. To Pectineus.
2. To Hip-joint.
3. To Superficial Division of Obturator Nerve.

\* Three of the Branches of each Division are similar to three of those of the other. The remaining Branch of the Superficial Division goes to the Skin and that of the Deep Division to a Muscle. The corresponding Branches of each Division are put first in the above table.

**THE SACRAL PLEXUS** is formed by the union of the upper three Sacral Nerves, and is supplemented by part of the 4th Sacral below, and by the Lumbo-sacral Cord (composed of the 5th and part of the 4th Lumbar) above.

The remainder of the **4th SACRAL** is subdivided as follows:—A triple Muscular Branch supplies the Levator and the Sphincter Ani and the Coccygeus,—a Pelvic Branch joins the Pelvic Plexus to end in the Pelvic Viscera,—and a Coccygeal Branch joins with the 5th Sacral and the Coccygeal to form a Plexus over the Coccyx.—The fourth Sacral thus gives four Branches.

### BRANCHES.

From the 2nd and 3rd near their origin are given off special Branches to the **Pyriformis**.

"	"	Lumbo-sacral Cord	is	"	"	the	Sup. Gluteal.	}
"	"	Loop between 1st and 2nd	"	"	"	"	N. to the Obtur. Int.	}
"	"	"	1st	"	2nd	"	Sup. Gemellus.	}
"	"	"	2nd	"	3rd	"	Inf. Gemellus and Quadratus.	}
"	"	Lower end of the Plexus	are	"	"	{	"	Pudic and Small Sciatic.
						{	"	Great Sciatic.

The Great Sciatic forms the direct continuation of the Plexus, the Pudic and Small Sciatic being accessory to it. As in the case of the Lumbar Plexus there is thus one terminal Branch and six lateral.—Compare with the Lumbar Plexus and Brachial Plexus, Diagram **B**.

Note that excluding the three terminal Branches, the lateral Branches supply the Muscles attached round the Great Trochanter from before back, and that they come off from the Plexus in the order in which those Muscles are fixed to the Trochanter.

### BRANCHES OF SACRAL PLEXUS—DISTRIBUTION.

The **Nerves to the Pyriformis** enter the anterior surface of the Muscle within the Pelvis.

The **Superior Gluteal Nerve** emerges from the Pelvis through the Great Sacro-sciatic Foramen, above the Pyriformis, and divides into two Branches.

- { The *Upper* Branch, the smaller, supplies the two superior or anterior Glutæi, viz. :—the G. Medius and G. Minimus.
- { , *Lower* , , larger , , same muscles together with the Tensor Vaginæ Femoris.

The Superior Gluteal Nerve thus supplies the three *Rotators* in of the Hip-joint.

The **N. to the Obturator Int.** { emerges from the Pelvis through the Gt. Sacro-sciatic Foramen, below the Pyriformis, over the Ischial Spine,  
 { and re-enters " " " " Small " " " with the Obt. Int. Tendon to pierce the  
 { inner surface of the Muscle.

The N. to the Gemellus Sup. —passes out of the Pelvis with the preceding to enter the superficial surface of the muscle.  
 The N. to the { Gemellus Inf. and {  
 Quadratus Fem. } " " " " " " " " } deep surface of the muscle, and usually to supply the Hip-joint.

The Pudic Nerve { accompanies the Nerve to the Obturator Internus out of, and back into the Pelvis, and then  
 " " Internal Pudic Vessels through the Perineum.

Branches { firstly, at back of Ischio-rectal Fossa, the Inferior Hæmorrhoidal Nerve, accompanying Inf. Hæmorrhoid Artery to Ext. Sphincter, Integuments, etc.,  
 lastly, in front of Triangular Ligament, the Dorsal Nerve of the Penis and the Nerve to the Corpus Cavernosum.  
 intermediately, at front of Ischio-rectal Fossa, the Perineal Nerve.

The Perineal Nerve gives off secondary Branches { Two Superficial Perineal, Anterior and Posterior.  
 Muscular Nerves to Muscles of Anterior part of Perineum.  
 Nerve to the Corpus Spongiosum (Bulb).

Compare with the Internal Pudic Artery, p. 123. The Branches of the Artery are all primary, the intermediate Branches of the Nerve are secondary.

Relations of Nerves, etc., at lower part of Great Sacro-sciatic Foramen (see Diagram).

Externally are the Great and Small Sciatic Nerves and the Sciatic Artery, the two latter resting on the former.  
 Internally " " Pudic " Internal Obturator " " " Int. Pudic " " " " " " either side of the "  
 Intermediately " " Nerve to the Superior Gemellus and the Nerve to the Inferior Gemellus and Quadratus.

Two Nerves and an Artery lie on either side, and two Nerves intermediately.

Small Sciatic Nerve.

Relations { In Gluteal Region it lies upon Gt. Sciatic N., beneath Gluteus Maximus, supplying { Muscular Br., Inferior Gluteal,  
 to Gluteus Maximus.  
 { At back of Thigh it leaves " " " & runs " Fascia Lata Cutaneous Brs., Int. and Ext.  
 { At back of Leg it pierces Fascia Lata opposite lower part of Popliteal Space, and joins External Saphenous Nerve.

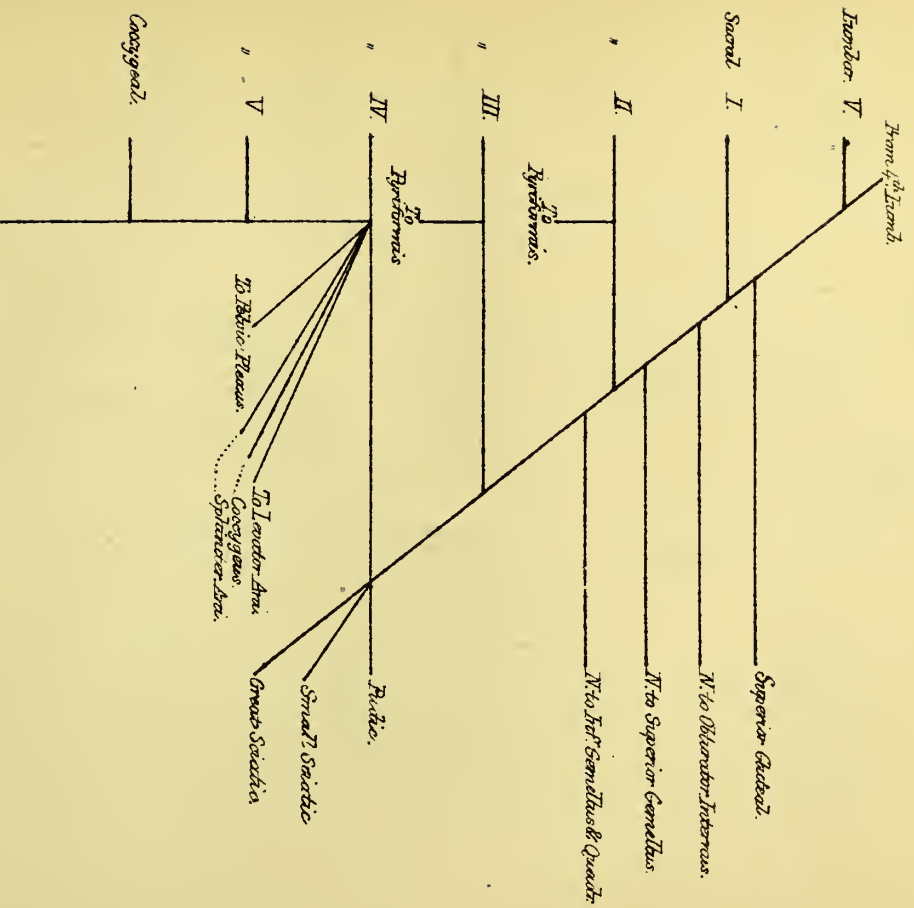
Of the Cutaneous Branches { one of the Internal set, the Inferior Pudendal, passes to Perineum to join the superficial Perineal Nerves.  
 { some " " External " turn upwards over the Gluteus Maximus, becoming recurrent.

Great Sciatic Nerve.

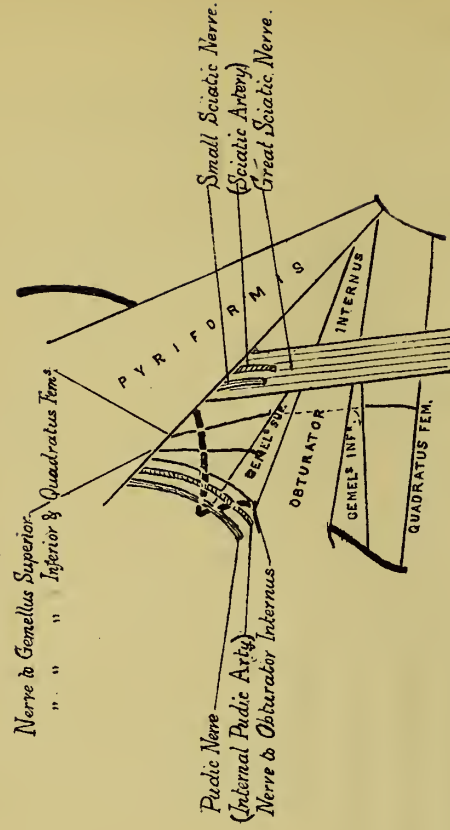
Relations { Continuous above in Pelvis with Sacral Plexus, bifurcating below, at upper part of Popliteal Space, into Popliteal Nerves.  
 { In Gluteal Region it rests upon the Muscles at the back of the Hip-joint, beneath Gluteus Maximus (see above).  
 { At back of Thigh " " " " Adductor Magnus, between Biceps and Semi-membranosus.

Branches { Articular to Hip-joint (often derived from the Sacral Plexus).  
 { Muscular " Hamstrings and to Adductor Magnus (Posterior Fibres)

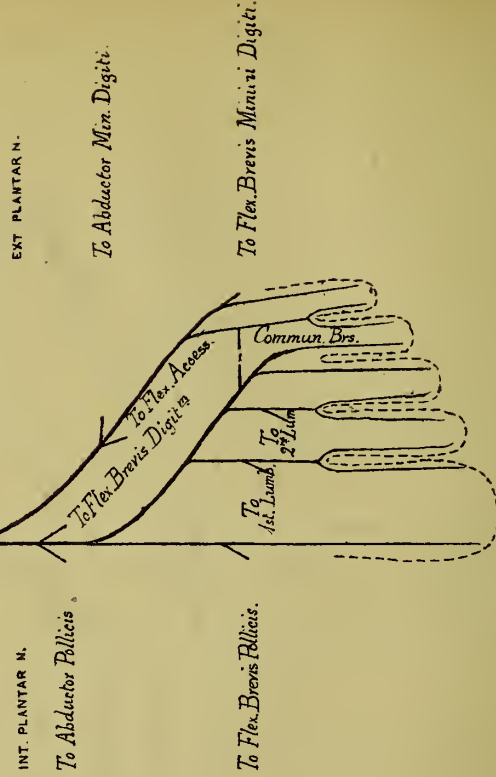
# SACRAL PLEXUS.



# **NERVES OVER ISCHIAL SPINE.**



## **PLANTAR NERVES.**



**Internal Popliteal Nerve.**

- Course, etc.* { Accompanies the Popliteal Artery, lying first on its *outer* side, then *over* it, and lastly to its *inner* side.  
Is continuous at the lower part of the Popliteal Space with the Posterior Tibial Nerve.
- Branches (Nine)* { *Three Articular* to Knee-joint, one with each Internal Articular Artery and one with the Azygos Articular Artery.  
    *One Cutaneous*, External Saphenous (see 'Nerves of Anterior and Posterior Aspects of Body,' and Note on p. 189).  
    *Five Muscular*, to each Head of Gastrocnemius, to Soleus, to Plantaris and to Popliteus.

**External Popliteal Nerve.**

- Course* —Accompanies the tendon of the Biceps to end below Head of Fibula, between Bone and Peroneus Longus Muscle.
- Branches (Six)* { *Three lateral* { *One Articular*, with Superior External Articular Artery, sending a branch with the Inferior External Articular Artery.  
    *Two Cutaneous* { one or two twigs to the Skin over the outer head of the Gastrocnemius.  
                            { „, Communicans Fibularis, to join External Saphenous at middle of back of Leg  
    *Three terminal* { Articular Recurrent, accompanying Recurrent Articular Artery of Anterior Tibial.  
                            { Musculo-cutaneous, to Peronei Muscles and Skin of front of Leg.  
                            { Anterior Tibial Nerve.

All the structures connected with the Popliteal Space may be grouped in sets of three or multiples of three.

**Anterior Tibial Nerve.**

- Course* —Passes under Extensor Longus Digitorum, and accompanies Ant. Tibial Artery in its lower  $\frac{2}{3}$ , lying to its *outer* side.
- Branches* { *Muscular* } in Leg, to the four muscles on the front of the Leg.  
    *Articular* { „, Foot „, Extensor Brevis Digitorum and Tarsal Joints.  
    *Cutaneous*, to contiguous sides of 1st and 2nd Toes.

**Posterior Tibial Nerve.**

- Course* { Accompanies Posterior Tibial Artery, lying first to its inner side, then over it and at ankle to its *outer* side.  
    dividing at upper border of Internal Annular Ligament into the External and Internal Plantar Nerves.
- Branches* { *Muscular*, to the three deep muscles on the back of the Leg.  
    *Cutaneous* (Calcaneo-plantar), through the Internal Annular Ligament to Skin of Heel, etc.

### Plantar Nerves.

<div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle; text-align: right;">{</div> <div style="display: inline-block; vertical-align: middle;">Internal,</div> </div>	before dividing, supplies the two Muscles between which it lies, viz. :—Flexor Brevis Digitorum and Abductor Pollicis.									
	<div style="display: inline-block; vertical-align: middle;">External</div> <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle; text-align: right;">{</div> <div style="display: inline-block; vertical-align: middle;">" " " " " " " " " " " "</div> </div>	Acces. " " " Minimi Dig.								

{	Internal divides into	four Digital Brs. supplying	{	by the 1st the Flexor Brevis Pollicis	and the inner side of the Great Toe.	
				" " 2nd " 1st Lumbrical	" " contiguous sides of 1st & 2nd Toes.	
				" " 3rd " 2nd "	" " " " 2nd " 3rd "	
				" " 4th a branch to join Ext. Plantar	" " " " 3rd " 4th "	
{	External	" "	{	two Digital Brs.	" " 1st the Flex. Brev. Min. Digiti	" " outer side of the Little Toe.
				and a	" " 2nd a br. to join br. of 4th Digital of Ext. Plantar,	& contiguous sides of the
				Deep Branch	" " all the Muscles of Foot except those above-mentioned accompanying	Ext. Plant. Art.

Note that each Nerve supplies two Muscles, one a Flexor of the Toes, the other a special Abductor, by its undivided trunk, and that each supplies a special branch from each of its digital divisions.

N.B.—The Internal Plantar Nerve supplies 5 muscles and the External Plantar 14.  
In the Hand, the Median Nerve " 4½ " " Ulnar Nerve 14½

# APPENDIX.

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## EXTERNAL ILIAC ARTERY.\*

### Course

{ From Lumbo-sacral Articulation to lower border of Poupart's Ligament,  
 { indicated by a *surface line* drawn from left side of Umbilicus to middle of Poupart's Ligament.

### Relations

{ Lies at first *along inner margin* of, and near its termination upon *anterior surface* of Psoas Magnus.  
 { „ *beneath Peritoneum, upon Fascia Iliaca*, and is *invested* by Subperitoneal Fascia,  
 { is *accompanied by* the External Iliac Vein, which lies to its inner side below and behind it above,†  
 { is *crossed* near its termination by the { Spermatic Artery,  
 { Circumflex Iliac Vein,  
 { Genito-Crural Nerve.

† Lymphatics and Lymphatic Glands also lie alongside the Artery.

### Branches

—(both arising near its termination).

### Epigastric (Deep)

{ Runs *first forwards* to Poupart's Ligament, *then upwards and inwards* to pass over the Fold of Douglas,  
 { and *lastly upwards* in the substance of the Rectus to join the Internal Mammary Artery.  
 { Near its origin it passes upwards by the inner side of the Internal Abdominal Ring, and  
 { sends its *Pubic Branch* along „ *Crural* „ „ „  
 { „ „ *Cremasteric* „ into „ *Inguinal Canal* to supply the coverings of the Cord.  
 { Its other Branches are the *Perforating* forwards through the Rectus, and the *Lateral*, outwards to join the lateral  
 { arteries of the Abdominal Wall.

### Circumflex Iliac (Deep)

{ Passes outwards in the Subperitoneal Fascia to the *anterior end* of the Iliac Crest,  
 { where it gives off a Muscular Branch *upwards* through the Transversalis to the Abdominal Muscles,  
 { perforates the Transversalis near the *middle* of Crest, anastomoses with the Ilio-lumbar Artery,  
 { and gives Branches *outwards* to the Gluteal Region and *inwards* to the Iliac Fossa.

\* Omitted from p. 125.

**INTERARTICULAR FIBRO-CARTILAGES.**

There are *five Joints* on each side of the Body which contain more or less freely moveable Interarticular Fibro-Cartilages, viz. :—

One in the Head,	—the	Temporo-maxillary Joint.
„ „ „ Upper Extremity,	— „	Inferior Radio-ulnar „ (Wrist).
„ „ „ Lower „	— „	Knee-Joint.
„ at each end of the Clavicle,—	„	Sterno-clavicular and Acromio-clavicular Joints.

**NUTRIENT FORAMINA.**

When the Body is semi-recumbent and when all the Joints are semi-flexed, the Nutrient Foramen in each bone will be found to be directed more or less toward the ground.

**SUPRASCAPULAR ARTERY AND NERVE (p. 134), ETC.**

In the case of these structures, as in most cases where an Artery and a Nerve take similar courses, the Artery takes the course which *appears* to render it less liable to compression than the Nerve, *e.g.*, Naso-palatine Nerve and accompanying Artery in the Anterior Palatine Foramen, Hypoglossal Nerve and Lingual Artery in relation with Genio-hyo-glossus, etc.

**Nerves** on the *left* side of the Body generally lie more anteriorly than those on the *right* side, *e.g.*, the Naso-palatine Nerves in the Ant. Palatine Foramen, the Phrenic Nerves and the Pneumogastric Nerves. **Muscles** and **Aponeuroses**, on the other hand, are more developed on the *right* side than on the *left*, *e.g.*, the Right Crus of Diaphragm, the Right Platysma and the Right External Oblique (which overlap the Left), etc.

When *two associated structures* lie one above another, the lower is generally the larger, *e.g.*, the two sets of Branches of the Lenticular Ganglion, the two Branches of the Superior Gluteal Nerve, the Pudic Nerve and the Nerve to the Obturator Internus on the Ischial Spine, etc.

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